DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) LENGTH OF STAY IN 16 rearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address 3. NAME OF paper n 72 Middle Month DECEASED comple OF (Type or print) DEATH 9. AGE (In years | IF UNDER I YEA 5. SEX 6. COLOR 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED and birthdey) WIDOWED DIVORCED death certificate any even physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA please ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if any, which geve rise to immediate ceuse DUE TO (a), steting the underlying has cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work 19 p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.... 194 / to and that death occurred at 5.43 P.M., from the causes and on the date stated above. saw the deceased alive on..... shoul 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. ADDRESS 22d. 22c. PHYSICIAN'S Wilson Lane-Bethesda. NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0.58 24 FUNERAL DIRECTOR'S SIGNAT ACC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Three

15M 9/60

STREET, BALTIMORE 1, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED? NO

(Stete)

22b. DATE

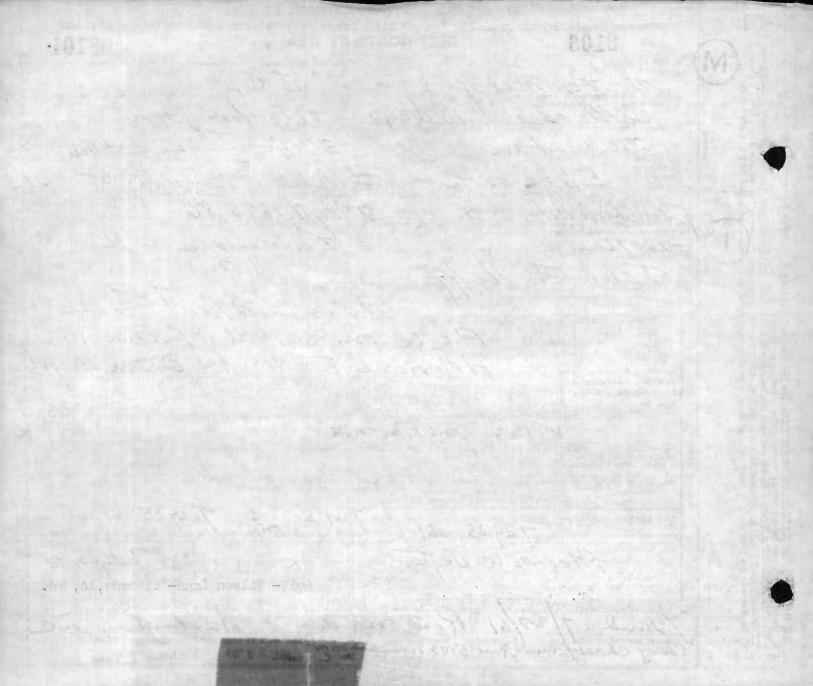
(State)

SIGNED

Months

(County)

e. IS RESIDENCE ON A FARM? NO



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacaesed fived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Arlington Montgomery the d MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporala limits, write RURAL and give neerest lown) writa RURAL and give nearest town) 28 Days Arlington Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) d. STREET ADDRESS a. IS RESIDENCE ON A FARM 5326 Yorktown Boulevard The Clinical Center, Bethesda 14, Md. YES 🗍 NO [3. NAME OF Middle 4. DATE Month DECEASED July Louise Allen Lillian DEATH (Typa or print) 19 and col 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthdey) September 7, 1912 Months White Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired)
HOUSEWITE U.S.A. Maine None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Russell Joseph Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records (Yas, no or unkown) (Ifyasgivawarordatasofservice) ascertainable The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only on a ceuse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hemorrhage and 2 welles. IMMEDIATE CAUSE (a) Lesease to marrow and liver gava risa to immediata causa DUE TO (e), stating the undarlying year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WAS AUTOPSY PERFORMED? NO · 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of ilam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (Stata) factory, streat, offica bldg., atc.) While Not While WEDI at work at work 21. I certify that ((this hospital) attended the deceased from. June 15. 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. Institutes National 22c. PHÝSICIAN'S NAME (Type) Marvin A. Kirschner, M.D. Clinical Center, Bethesda 14, Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cialbun & the

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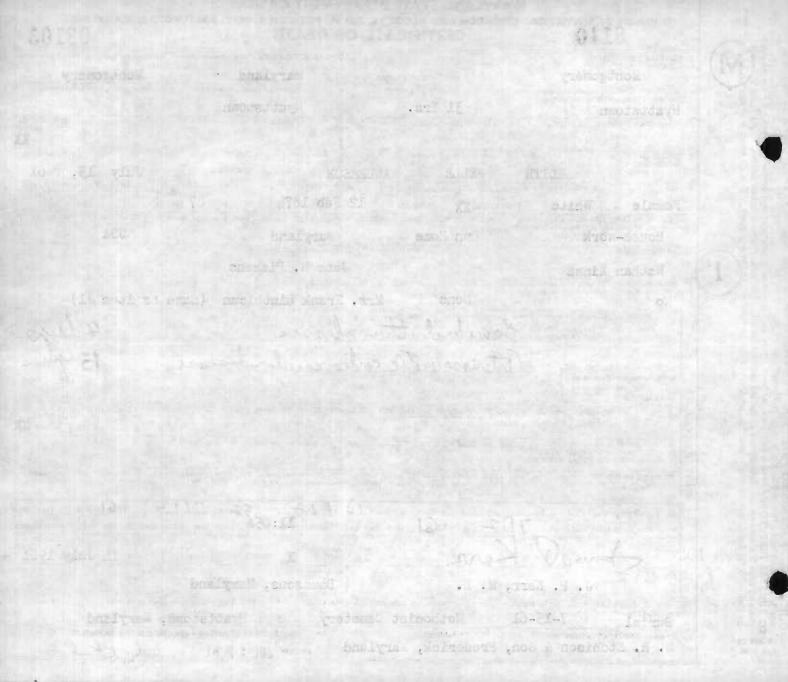
RYLAND STATE DEPARTMENT OF HEALTH

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Piniant Park . De . Majett Centure, I Thirates 11, 20. veluk men defile Adeptember 7, 1912 and to . 5. 0. 1 Therefore the best trained the service by the service of the servi maked the same was the same as a second with the June 15, 7, dept. July 13, - 12 enul . 62 7 and dollars in especial tenstres The Silmin I Second, Betheads 11, 5d.

	MAKILAND STATE DEPAKTMENT OF REALT	in .
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	, BALTIMORE 1, MARYLAND
8110	CERTIFICATE OF DEATH	08103

1. PLACE OF DEATH	gomery	MARYLAND	a. STATE	ICE (Where deceased lived, If it b. COUN	institution: Residence before admission) NY Montgomery
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		e RURAL and give naeresl town)
		not in hospitel, give street address)	STREET ADDRESS		a. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	First EDITH	Middle BELLE AND	Last	4. DATE Month OF DEATH	July 13, 19 61
5. SEX Female	4077 0 1	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12 Feb 1874	9. AGE (In yeers last birthdey) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
House-W	FION (Give kind of work orking life, even if retired)	Own Home	Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Nathan	Kinna /ER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.	Jane R. Pi	LCKens Address	
(Yas, no, or unkown) (No	lfyesgive wer or detes of sarv	None Mr	s. Frank Lin		as item #1)
	TH WAS CAUSED BY:	suce per line for (a), (b), and (c).	mbosia	6	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if engeve rise to immed (a), steting the couse lest.	liete cause	interioscleratic a	ordiorescul	molisease	15 years
PART II. OTHE	1-7	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X
	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJU Hour a.m. p.m.	URY Month, Day, Yeer		ACE OF INJURY (Home, far ctory, street, office bldg., et		(County) (State)
	that (I) (this hospital sed alive on) attended the deceased from			and on the date stated above
22a. SIGNATURE	enog ().	err !	VI.D.	MED. STAFF DIRECTOR PHYS.	14 July 1961
22c. PHYSICIAN'S NAME (Type		, M. D.	Damascus	, Maryland	
23a. BURIAL, CREMAT REMOVAL (Specify Burial	7-15-61	Methodist Ce		Hyattstown,	
24 FUNERAL DIRECTO		, Frederick, Maryl			GISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEA 2. USUAL RESIDENCE (Where decaesed lived, If Institution; Residence before edmission) e. COUNTY necessary, actor. Page b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporata lim c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nagrast town) director. write RURAL and give maarast town) aky d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENC for ON A FARM? YES NO NAME Middle DAT Month Day Yeer DECEASED OF (Typa or print) DEATH 20 19 6 5. SEX years | IF DNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGEA IF UNDER 24 HRS. 2 wit Ahday) Nonths WIDOWED X DIVORCED USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working fifa, aven if retired) pages Know 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Steinmacher Anna TS. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (If yas give wer or dates of service) Office along with factorial burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i IMMEDIATE CAUSE (e) DUE TO should da gave rise to immadiata cause DUE TO (e), stating the underlying 50 cause last. used used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part f or Part II of itam 18.) PRIMARY OF CONTRIBUTING Page 3. writing to Chief A 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Horse, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., atc.) Whila Not While certificate, w et work | et work V 1961 ute the certificate, of forwarded to the AL DIRECTOR: family nated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE designal DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) he n' Address (Street, city, town, or county) shoul 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Spacify) ö Burial-Transit 7/20/61 North Burial Ground g40 Providence. Rhode Island 23. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. 8434 Georgia Avenue 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Throng JUL 2 4 '61 5M 7/59 Darmond Silver Spring, Maryland DATE

RYLAND STATE DEPARTMENT OF HEALTH

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PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery MARYLAND Montgomery by the deat TOWN (If outside corporata limits, write RURAL and give nearast lown) WWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Filled in Pages 1 one day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH 1961 AGE (In years IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bighday) Months WIDOWED physician 10b. KIND OF BUSINESS OR INDUSTRA BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, eyen if retirad) Mous please 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yas no, or unkown) | (Ifyasgiva war or detas of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to Immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTNOT RELATED TO S AUTOPSY PERFORMED? NO C 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Part I or Part II of item 18.) P OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Stata) factory, straat, office blog., etc. Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from......19.6.1., and that death occured a lamb, from the causes and on the date stated above. saw the deceased alive on. SLOWATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Spacify) 0 Arlington National Cemetery Arlington. Virginia Burial 24 FUNERAL DIRECTOR'S SIGNATURE Warber E. Pumphrey 256. REGISTRAR'S SIGNATURE ADDRESS. VR A15 (4) E. Pumphrey. Inc. 8434 Georgia Avenue 15M 9/60 DATE JUL 2 0 '61 arthur S. Firms Silver Spring, Maryland

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if joutside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL end give-nearest town Med in Pages 1 d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH 19 and cor 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdey) Months Hours WIDOWED & DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME = plegand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give wer or detes of service) remova INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gava rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH tached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work et work DIRECTOR ..., and that death occured at A.M. from the causes and on the date stated above. 19.0 saw the deceased alive on..... 22b. DATE SIGNED DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City. (Stata) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, | 236. DATE THEREOF MOVAL (Specify) ÷ Ö OH H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Throws

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WT.14	128114	CERTIFIC	ATÉ OF DEATH		Reg. Dist. No. 10
1. PLACE OF DEATH	starney	MARYLAND	2. USUAL RESIDENCE (Where o STATE	e deceased lived. If instit b. COUN	oution: Residence before admissi
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, writnesses town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write	RURAL and give nearest town
d. NAME OF HOS	PITAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS	FAIRFAX	Rd o. IS RESI
3. NAME OF DECEASED (Type or print)	BABY	Boy /	ARGER AKIS	OF DEATH JULY	Aonth Doy Y
5. SEX MALE	W WIDO	ARRIED NEVER MARRIED	8. DATE OF BIRTH 7/4/6/		Months Days Hours
during most of w	TION (Give kind of work done I orking life, even if retired)	0b. KIND OF BUSINESS OR IND	MARYL	AND	12. CITIZEN OF WHAT
13. FATHER'S NAME ALE	* NICHOL	AS ARGERAI	14. MOTHER'S MAIDEN NA	ME PAY	ILLIS NORGO
15. WAS DECEASEDE (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? [It yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	THER	ddress
	EATH [Enter only one couse pe EATH WAS CAUSED BY: JMMEDIATE CAUSE (o)	A blecta	sis		INTERVAL BET ONSET AND
762.		Premate	value		
gove rise to couse (o), statin lying couse los	g the under- DUE TO	Premature	Falor.	,	
CATIC	THER SIGNIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO THE TERMIN	al disease condition (GIVEN IN PART 1(0) 19. WAS A PERFOI YES
U (IF EITHER, NOTI	WAS UNDERLYING (1) 20b. [NG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	ED. (Enter noture of injury in Po	rt I or Port II of item 1B.)	
WE STAND THE OF INJ	. 10 Wh		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County)
21. I certify alive an	that I attended the dece			, '	s and an the date state
ACTUAL SIGNATURE	ichal J	Suchely	2M.D. 46307	mulgor	nery Ave
PHYSICIAN'S NAME (Type)	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 12	hes da	mar county)
REMOVAL (Speci	M 1 1/0//1	SUBURBAN H		OLD GEORGETO	. 0 0
23. FUNERAL DIRECTO	D'E CICALATURE	ADDRESS		BY REGISTRAR 246. RE	GISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be at the hospital or altending physician.

O FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed the registror prior to burial, crematian, ar removal, and in any event within 72 hours after death.

TO HOSPITAL TO FUNERA

VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8115 pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery by the and 2 death. MARYLAND Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporafe limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) a by Silver Spring Bethesda ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO Suburban Hospital Briggs Rd & Lutes Lane 3. NAME OF Middle 4. DATE Month Year complete DECEASED 19 6] July (Typa or print) DEATH Jane Barnhart 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTHIS 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours August xx. 1899 Female WIDOWED [DIVORCED | 0 29 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) U.S.A. Maryland Retired U.S. Government Clark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death ding ple Samuel J. Argent Sarah V. Wilkinson physician. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas giva war or datas of sarvica) removal (Husband) AS ABOVE INTERVAL BETWEEN Jesse A. Bambart 18. CAUSE OF DEATH lenter only one cause par line for (a), (b), and (c), l ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adenocarcinoma of extra - hepatic duct with pulndonary meterstaces IMMEDIATE CAUSE (a)_ attending Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEREORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) 20a, ACCIDENT WAS UNDERLYING this co OR CONTRIBUTING CAUSE OF DEATH Health TOR: After thid be detached f 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) While Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from abril 3.... 1938, to July 11 ..., 19.6 , that (1) (we) last 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. hapman M.D. 22d. ADDRESS 22c. PHYSICIAN'S 3924 Baltimore Ave.. Katharine A. Chapman Kensington, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 0:48 Rockville Cemetery Maryland Rockwille 8434 Georgia Ave. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) DATE JUL 1 3 '61 Circhery & Three 15M 9/60 INC. Silver Spring, Md.

4 This course the state Car stone latter atte. femalyzant , moden kanek TO HOSP FL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. He may be retained by the hospital or attending physician.

Yes TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

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6. COUNTY				- STATE	h COI	If institution; Residence before amission JNTY
Montgomer			MARYLAN			
b. CITY OR TOWN (i write RURAL and	foutside corporete limit give nearest town)	s,	c. LENGTH OF STAY IN	1b c. CITY OR TOWN	(If outside corporate limits, wr	ite RURAL give neerest town)
Bethesda	3 ,		5 days	Alexandr	ia	831-3
d. NAME OF HOSPIT	TAL OR INSTITUTION (I	f not In hospi	itel, give street eddress)	d. STREET ADDRES	S	e. IS RESIDENCE ON A FARM
The Clini	cal Center.	Bethe	esda 14, Md.	337 West	Groveton Stre	
3. NAME OF DECEASED	First		Middle	Last	4. DATE Mon	
(Type or print)	Curt	is	Allen	Bassler	OF DEATH Jul	y 15. 19 61
5. SEX			NEVER MARRIED			s IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED		May 27, 19	58 last birthdey)	Months Deys Hours Min.
10e. USUAL OCCUPAT	ION (Give kind of work	10b. KIN	D OF BUSINESS OR INDE		unty & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY
child	rking life, even if retired	d)	None	District	of Columbia	U.S.A.
13. FATHER'S NAME			MOHO	14. MOTHER'S MAIDE		U.D.R.
Gerald R.	Pegalom			A STATE OF THE PARTY OF THE PAR		
15. WAS DECEASED EV		CES? 16 S	OCIAL SECTION NO L 1	Nancy Al		nee .
(Yes, no, or unkown) (F	fyesgive weror detes of se	ervice)		7. The Medical		
				The Clinical	Center, Bethes	da 14, Maryland
18. CAUSE OF D	EATH [Enter only one	cause per lin	ne for (e), (b), end (c).]			INTERVAL BETWEEN
DARK L DEAK	LIMAS CAUSED BY					ONSET AND DEATH
	H WAS CAUSED BY:	Acut	te lymphocyt	ic leukemia		1 year
		Acut	te lymphocyt	cic leukemia		
	DUE TO	Acut	te lymphocyt	cic leukemia		
Conditions, if eny	DUE TO , which (b)	Acut	te lymphocyt	cic leukemia		
Conditions, if eny geve rise to immediate), steting the u	DUE TO , which ole ceuse nderlying DUE TO	Acut	te lymphocyt	cic leukemia		
Conditions, if eny geve rise to immediately, stefting the uncause lest.	DUE TO , which ole couse nderlying DUE TO (b) DUE TO (c)				AINAL DISEASE CONDITION G	1 year
Conditions, if eny geve rise to immediately, stefing the uncause lest.	DUE TO , which ole couse nderlying DUE TO (b) DUE TO (c)				AINAL DISEASE CONDITION G	1 year
Conditions, if eny geve rise to immediately, stefing the uncause lest.	DUE TO , which ele ceuse nderlying R SIGNIFICANT CONDIT	поиз соит	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERA		1 year
Conditions, if eny geve rise to immediately, stefing the uncause lest.	DUE TO , which ele couse inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH	поиз соит	RIBUTING TO DEATH BU			1 year
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Conditions, if eny geve rise to immedi (e), steting the ucause lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO (b) Color of the course of the cour	20b. DESC	RIBUTING TO DEATH BUT RIBE HOW INJURY OCCU JURY OCCURRED 200.	T NOT RELATED TO THE TERM JRED. (Enter neture of injury i	n Pert I or Pert II of item 18.)	1 year
Conditions, if eny geve rise to immedi (e), steling the u cause lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUMENT A.M.	IMMEDIATE CAUSE (e) DUE TO (b) ele ceuse nderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBUTING TO DEATH BU' RIBE HOW INJURY OCCU	T NOT RELATED TO THE TERM JRED. (Enter neture of injury i	n Pert I or Pert II of item 18.)	I year . IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO .
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Conditions, if eny geve rise to immediately, steling the uncause lest. PART II. OTHER 20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT	IMMEDIATE CAUSE (e) DUE TO (b) ete ceuse inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes 19 hat (I) (this hospit	20b. DESC	RIBUTING TO DEATH BU' RIBE HOW INJURY OCCU JURY OCCURRED 206. Not While et work et the deceased from	T NOT RELATED TO THE TERM JRED. (Enter neture of injury i PLACE OF INJURY (Home, fa factory, street, office bldg., e	n Pert I or Pert II of item 18.) nrm, 20f. (City or town) tc.)	I year . IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO .
Conditions, if eny geve rise to immediately stein to immediate the cause lest. PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p.m. 21. I certify the saw the decease the cause is the cau	IMMEDIATE CAUSE (e) DUE TO , which ele ceuse inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Yea 19 hat (I) (this hospit sed alive on Jule	20b. DESCORT 20d. IN While et work al) attende	RIBUTING TO DEATH BUTTON TO THE BUTTON TO TH	JRED. (Enter neture of injury in place of INJURY (Home, fa factory, street, office bldg., end) That death occurred against ATTENDING.	n Pert I or Pert II of item 18.) nrm, 20f. (City or town) tc.)	(County) 1 year 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (State) 20. DATE SIGNE
Conditions, if eny geve rise to immediately stein to immediate the cause lest. PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p.m. 21. I certify the saw the decease the cause is the cau	DUE TO , which ele couse inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes 19 hat (I) (this hospit	20b. DESCI ar 20d. IN While of work	RIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED 200. Not While of work 19. and	T NOT RELATED TO THE TERM JRED. (Enter neture of injury in the place of injury in	n Pert I or Pert II of item 18.) 20f. (City or town) 19. 61 to July 15. 200AMrom the causes MED. STAFF DIRECTOR PHYS. R nical Center,	(County) (County) (State) (County) (State) (County) (State) (County) (State) (State) (County) (State) (State) (State) (National Institute)
Conditions, if eny geve rise to immedi (e), steling the u cause lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUMENT O	IMMEDIATE CAUSE (e) DUE TO , which ele couse inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes 19 hat (I) (this hospit sed alive on	20b. DESCI ar 20d. IN While of work all attended by 15.	RIBUTING TO DEATH BUTTON TO THE BUTTON TO TH	PLACE OF INJURY (Home, fa factory, street, office bldg., e) That death occured a ATTENDING PHYS. ATTENDING PHYS. 224The PRESSION ATTENDING PHYS. ATTENDING PHYS. Continued a Contin	n Pert I or Pert II of item 18.) orm, 20f. (City or town) 19. 61 to July 15 200AMrom the cause: MED. STAFF DIRECTOR PHYS.	(County) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (State) 19. 61 that (I) (we) last and on the date stated above 22b. DATE SIGNE National Institute Maryland
Conditions, if eny geve rise to immedi (e), steling the u cause lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUMENT O	IMMEDIATE CAUSE (e) DUE TO Whith ele ceuse Inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes 19 hat (i) (this hospit sed alive on July Thorne S. ON, 23b. DATE THER	20b. DESCI 20b. DESCI ar 20d. IN While et work al) attende T 15.	RIBUTING TO DEATH BUTTON TO THE BUTTON TO TH	JRED. (Enter neture of injury in place of INJURY (Home, factory, street, office bldg., end) That death occurred a place of Healery or CREMATORY	n Pert I or Pert II of item 18.) 20f. (City or town) 19. 61 to July 15. 200AMrom the cause: MED. STAFF PHYS. DIRECTOR PHYS. nical Center, th. Bethesda 23d. LOCATION (City, 19.)	(County) (County) (County) (State) (County) (State) (State) (County) (State) (County) (State) (State) (County) (State) (County) (State) (County) (Cou
Conditions, if eny geve rise to immediately, steling the uncause lest. PART II. OTHER 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT A.M. 21. I certify the saw the decease sa	IMMEDIATE CAUSE (e) DUE TO Which ele ceuse Inderlying R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes Ig hat (I) (this hospit hed alive on Thorne S. ON, 23b. DATE THER July 17,	20b. DESCI 20b. DESCI ar 20d. IN While et work al) attende T 15.	RIBUTING TO DEATH BUTTON TO THE PROPERTY OF TH	PLACE OF INJURY (Home, fa factory, street, office bldg., e m.D. ATTENDING PHYS. 22 The PRESCION OF Heal ERY OR CREMATORY	n Pert I or Pert II of item 18.) arm, 20f. (City or town) 19. 61 to July 15. 200AMrom the causes MED. STAFF DIRECTOR PHYS. R nical Center, th. Bethesda.	(County) (County) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (State) (County) (State) (State) (County) (State) (County) (State) (County) (Count

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, It institution: Residence before edmission)
e. COUNTY	e. STATE b. COUNTY
Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY)	
write RURAL end give neerest town)	
Bethesda 35 days	Hyattsville /6 2
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress)	d. STREET ADDRESS ON A FARM?
The Clinical Center, Bethesda ly, M	
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) Kathleen Anne	Behneman OF DEATH July 9. 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	lest birridey) Months Days Hours Min.
Female White WIDOWED DIVORCED	February 27, 1946 15 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	
Student	District of Columbia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Behneman	Marion Berger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORTHE Medical Record Address
(Yes, no, or unkown) (Ifyesgivewerordatesotservice)	
None IB. CAUSE OF DEATH [Enter only one ceuse par line for (a), (b), and (c).]	The Clinical Center, Bethesda ll, Maryland
	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia	5 days
204 S DUE TO	
Conditions, if eny, which (b) Acute lymphocyti	c leukemia 5 months
geve rise to immediate cause	
(e), steting the underlying DUE TO	
ceusa lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
LY I	YES TO NO
	CCURED. (Enter neture of injury in Part I or Pert II of item 1B.)
☑ OR CONTRIBUTING □ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20	0e. PLACE OF INJURY (Home, farm, ' 2Dt. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased	from June 4, 1961, to July 9, 1961, that (I) (we) last
saw the deceased alive on July 9. 19.61, and	d that death occured 1:10AM from the causes and on the date stated above.
22a. SIGNATURE	204 DATE
Harne S. Winter III	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7/9/61 GRED
22c. PHYSICIAN'S	
NAME (Type) THORNE S. WINTER, III, M.D.	22d The Elinical Center, National Institute
	The state of the s
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR CREMATORY 23d, LOCATION (City, town or county) (Steta)
Jurial 7/12/6/ arlingto	n National Urlington, Vuginia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRAS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
nalleys Fineral Home Mr.	March TDATEUL 13'61 arthur S. France
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacaased livad, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE New York b. COUNTY Montgomery MARYLAND the 12 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give neerest town) 94 Days New York Bethesda a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) ON A FARM? 240 East 79th Street YES NO The Clinical Center 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) 19 67 D MA RJORIE THOMPSON and cor 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED October 17. Female 12. CITIZEN OF WHAT COUNTRY? physician 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA Rhode Island Statistician Health 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending pl Then please Bessie A. Hood Daniel Bellows 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give war or detes of service) 100-26-3449 The Clinical Center, Bethesda ll, Maryland physician. 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), end (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: Reticulum Cell Sarcoma months IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava rise to immadiate ceuse DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? Possible Polyarteritis and/or Rheumatoid Arthritis DOK NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH After this DIRECTOR: After this 3 should be detached f 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. 50 21. I certify that (I) (this hospital) attended the deceased from April 10, 19 61 to July 13. 19 61 that (I) (we) last saw the deceased alive on. July 13, 1961..., and that death occured at 7.110, from the causes and on the date stated above. 22b. DATE SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S DANIEL V. KIMBERG. M.D. Institutes of Health, Bethesda 14, Marylan or. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Graceland Cemetery 0 Burial-Trans Albany 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey Bethesda, Maryland 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARKE V. KIRBERG, H.D.

The Charles Canter Man and Institutes of Mealth, Letherda M., Marrian

> Robert A. Pumphrey Sethesda, Maryland

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8118 plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Montgomery MARYLAND Virginia b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Falls Church (Rural days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital YES NO X 2305 Prout 3. NAME OF Middle Last 4. DATE Month DECEASED OF comple DEATH July 18 (Type or print) Bennett 19 61 Charles Harold 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthday) and Months Hours March 26. Caucasian WIDOWED DIVORCED Male 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) dona during most of working life, evan if ratired) USA Ohio Military USN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Vesta Martin John Andrew Bennett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Same as above Annette A. Bennett WW II INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART f. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? as 0 YES X NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for WEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (1) (this hospital) attended the deceased from July 11 19.01 that XXX (we) last 0 saw the deceased alive on July 22e. SIGNATURE ATTENDING STAFF July 18. DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. P. BAKER, LT USN U. S. Naval Hospital, Bethesda, Md. filed . 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 7-21-61 Arlington National B 5 Arlington Va. 0 Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Funeral Home, 2847 Wilson Blvd. Arlington, Va DANUL 20'61 15M 9/60 Cally & trues

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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S /61 .cac 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) a. COUR Page b. COUNTY Health, MARYLAND b. CITY OR TOWN (if outs to corporate limits write RURAL and give hearest town) c. LEMOTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeren town) director. your rd of h NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO L death. 3 to the fun NAME OF Middle DATE DECEASED OF the (Type or print) DEATH form PM3. Page 5 may be it. Elle pages 1 and 2 with event within 72 hours after 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED TANEVER MARRIED AGE (In years | IF UNDER 1 YEAR | last birthday) should be executed within 24 hours after de 19" in pencil in Item 18. Give Pages 1, 2, and Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY. BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retlied) OUSING Office along with form PM3. burial-transit permit. Elle page 13. FATHER'S NAME William A. Melkei Bergquist Emma Mortenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewerpgdates of service) Mrs. Era M. Bergquist 716 Edelbert Drive Silver Spring Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anaphylactic shock pue removal DUE TO (b) Bee sting Conditions, if any, which "pending" Examiner's (gave rise to immediate cause DUE TO (a), stating the underlying certificate causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? certificate, writing the word 8 cremat Medical CERTIFICA YES NO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I of item 18.) Page 3 sho to burial, PRIMARY Or CONTRIBUTING CAUSE OF DEATH. EXAMINER: Stung by bee while trimming shrubbery at home. forwarded to the Chief L DIRECTOR: Page 3 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., atc.) While Not While Silver Spring, Montg. Md . at work A at work Home prior 7:20 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ate the ACTUAL. lease execute is should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED designat SIGNATURE _ DEPUTY MEDICAL EXAMINER DEPU NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 5 940 7/19/61 Parklawn Cemetery Burial Montgomery Maryland

248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Warner E. Pumphrey Funeral Home 8434 Georgia Ave. VS. A15ME arthur S. Krous JUL 1 9 '61 Silver Spring, Maryland 5M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Montgomery MARYLAND Washington the d 2 by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end giva nearest town) Bethesda (Rural 4 days Seattle .5 7 IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? NO Y U. S. Naval Hospital 89th St mpletel NAME OF Middle 4. DATE Month OF DECEASED DEATH (Type or print) 19 Sheridan Mark Berthiaume July and cor carbon nt, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. S. SEX last birthday) Months Days WIDOWED DIVORCED Male Caucasian physician 12. CITIZEN OF WHAT COUNTRY? remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Hurley, Wisconsin Education USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please and Nettie Hall Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Hildegarde Berthiaume Same as # No ig physician. signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** al imparation and for hemorshage Conditions, if any, which gava rise to immediate cause **DUE TO** (a), steting the underlying certificate has or use as the but prior to burial, cerebral anteres occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yeer Not While factory, street, offica bldg., etc.) While Hour a.m. et work et work may be retaine DIRECTOR: 21. I certify that XI) (this hospital) attended the deceased from July 23...6. 112.61 to July 27...., 1961, that XI) (we) last pluods 22b. DATE 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22 death. Part PAYSICIAN'S 22d. ADDRESS NAME (Type) Joseph H. Eusterman, LT MC USN U. S. Naval Hospital, Bethesda, Md. director, be filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) OH July 28, 1961 Suitland Md. Cedar Hill Crematory Cremation 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) DATE UL 3 1 '61 arthur S. Kraus ISM 9/60 Pumphrey, Bethesda,

MARYLAND STATE DEPARTMENT OF HEALTH

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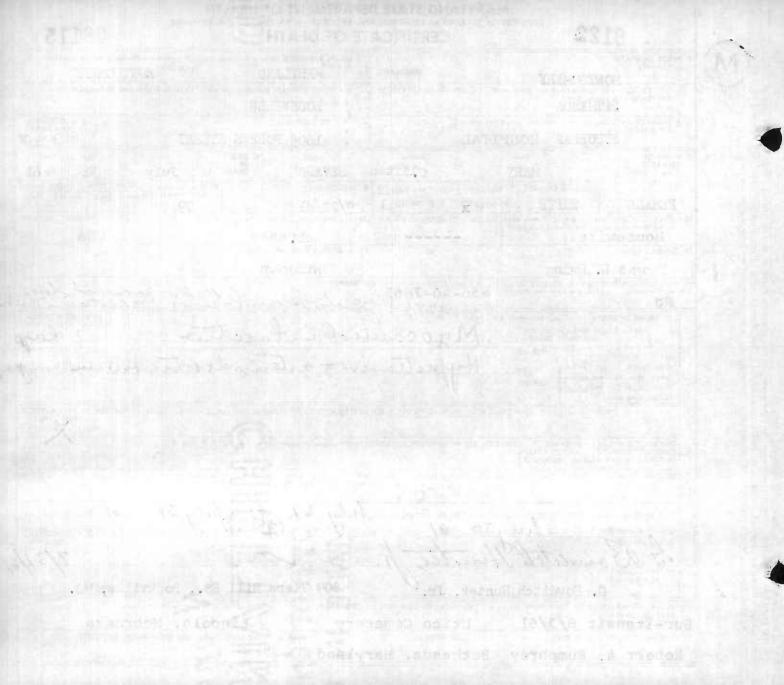
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)	1. PLACE OF DEATH o. COUNTY MON	TGOMERY		MARYLAND	2. USUAL RESIDENCE (VO. STATE MARYLA	Where decease	d lived. If institution b. COUNTY	on: Reside	nce befo	re odmi RY
	b. CITY OR TOWN (If RURAL ond give neg	outside corporate limit	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		prote limits, write R	URAL ond	give nec	arest tax
5	d. NAME OF HOSPITA OR INSTITUTION SUE		ive street od SPITA		d. STREET ADDRESS	ORBES S	STREET			e. IS RI ON YES [
	3. NAME OF DECEASED (Type or print)	Fir. MAF		Middle Clifton	Lost BEVARD	4. DATE OF DEATH	Mon Jul		3	,
	S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIE	O I HETEN MITAMILED [8. DATE OF BIRTH 9/22/81		9. AGE (In years lost birthday) 79 yrs.	Months	R 1 YEAR Days	Haur:
	10a. USUAL OCCUPATION during most af warkin Housewi	ng life, even if retired)	done 10b. KI	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto		ountry)	12. CI1	US	
1	13. FATHER'S NAME Thomas L.	. Ewing			14. MOTHER'S MAIDEN					

ESIDENCE A FARM? NO IS Year 19 61 DER 24 HRS. Min. COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO No INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) Day. Year factory, street, office bldg., etc.) Haur o. m While Nat while at wark ot wark p. m 21. I certify that (1) (this haspital) attended the deceased from and that death occurred a the dauses and on the date stated above. saw the deceased alive an ATTENDING STAFF PHYS. DIRECTOR -M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Viers Mill Rd., Rockvillen Md. Bowditch Hunter, Jr. 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23o. BURIAL, CREMATION, (State) REMOVAL (Specify) Lincoln, Nebraska Bur-Transit Utica Cemeterv 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG Bethesda, Maryland Robert A. Pumphrev

physician within remave the attending Then please After this certificate has been signed by permit. emaya far use as the burial-transit ar attending physician ta burial, detached DIRECTOR: Board of page 3 should the State Board O FUNERAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



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MARYLAND STATE DEPARTMENT OF HEALTH

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	b. CITY OR TOWN (If outside Corporate limits, we RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	side corporate limits, write RU		it town)
	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Washington Sonita	rium y Hospital	d. STREET ADDRESS	Avenue.		IS RESIDENCE ON A FARM? 'ES NO
3.	NAME OF DECEASED (Type ar print) Paby Paby	Middle	Black	4. DATE Month OF DEATH 7	Day 10	Yeor 19 6/
1	Female White WII	MARRIED NEVER MARRIED COMED DIVORCED	7/8/61	last birthday) yrs.	Manths Days	UNDER 24 HRS. Hours Min.
10	 usual occupation (Give kind of work done during most of working life, even if retired) 	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF W	
13	. FATHER'S NAME	***************************************	14. MOTHER'S MAIDEN NA	ME	TAMES A	04
	William E. Black		Euclyn	wantey P,	by 1/1s	Anne
	. WAS DECEASED EVER IN U. S. ARMED FORCES? (as, no, or unknown) (If yes, give war or dates of service)		NFORMANT	& Addre	Me	Brayer
	1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).]	father		INTERV	AL BETWEEN AND DEATH
	Canditians, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.		/			
CERTIFICATION	, (c)_	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	al disease condition give		WAS AUTOPSY PERFORMED? ES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	rt ar Part II of item 1B.)		17(1)
MEDICAL			ACE OF INJURY (Home, farm, octory, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty)	(State)
	21. I certify that (I) (this hospital) of	tended the deceased from.	7/8 196	1. to 7/10	19 61, that	(1) (we) last

7/10 1961, and that death occurred at 2 M, from the causes and on the date stated above. sow the deceosed olive on. 22a. SIGNATURE SIGNED MED. DIRECTOR

22d. ADDRESS

22c. PHYSICIAN'S NAME (Type)
Winston E. Cochran, M. D. 800 Pershing Dr., Silver Spring, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar county)

Cremation

Washington Sanitarium and Hospital, Takora Park, Md.

ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE arilar & thous

Hare, M. D. Washington San. & Hospita 1ATE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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TO FUNERAL DIRECTOR. After this certificate has been stoned by the attending physician and completely ed in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	E be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		0
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08117

Y	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
7	o. COUNTY MARYLAND	O. STATE MARY GOOD B. COUNTY MONT GO MEN
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
-1	write RURAL and give nearest town)	0
4	TAKOMA PORK 18 VAYS	Silver Speing
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
5	washington SAN and Hosp.	7211 Kingsburg Ht YES NO 1
	3. NAME OF First Middle	Last 4. DATE Month Day Yeer
	(Type or print) Minnie Jane	2/A100K DEATH Guly 12 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED 4 NEVER MARRIED 8.	
	Female while widowed DIVORCED	6 - 8 - Win. lest birthdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House wife -	YENDERORION, LA USA
- 1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	-Thomas & FRONKLIN	-Splly & Whit man
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordetesofservice) NONE Washington Son tecien		ashington Santaeun : Hospital Chart
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
	BARTI DEATH WAS CALISED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (0) DHAIN SECON S	Soffening 5-7084
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	Conditions, if any, which \ (b) Ruptured In	tracronial eneurysus 3 weeks
	geve rise to immediate cause (e), stating the underlying DUE TO	artery
	cause lest. (c) CINC SURGICOI	Clipping interested 7000
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	OE TO THE TOTAL PROPERTY OF THE TOTAL PROPER	PERFORMED? YES NO
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 19 et work et work et work 19 et work 1		ory, street, office bldg., etc.)
	p.m. 19 et work et work	11-111-11-11
	21. I certify that (I) (this hospital) attended the deceased from	
1	saw the deceased alive on	death occured at
	24e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Actual Dond and M	DIENE DIENESTON DIENE
	22c. PHYSTCIAN'S	22d. ADDRESS 1015 Spring St.
	NAME (Type) John I. hORD MID	Silver Spring . Mid.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (51010)	
REMOVAL (Specify) Burial 7/15/61 Parklawn Cemetery M.		Manager Manage
		256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Worner E. Pumpherv Inc. 8934 Georgia Avenu	tie 17'61 Octhur & Kraus
1	Kaymond 4. ISKA Silver Spring, Md.	DATE DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8125 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Montgomery Maryland Somerset MARYLAND the 1 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give negrest town! Bethesda 87 days Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14. Md. Mansion Avenue YES NO pers. 72 hoi completely 3. NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) Dorothy 19 61 Marv BloodsworthJuly 29 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months White WIDOWED TO September 5, 1908 Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Maryland U.S.A. Insurance Agent Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arch Henderson Nora Dryden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANTThe Medical Records (Yes, no, or unkown) | (If yes give war or dates of service) Unascertainable The Clinical Center, Bethesda 14, No Maryland cerebral compression INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] 2 days PART I. DEATH WAS CAUSED BY: Hematoma in right frontoparietal region with severe Metastatic leiomyosarcoma, disseminated 6 months geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? Pathologic fracture of right femur YES TO NO 1 prior 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) may be retained by DIRECTOR: After 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work July 29 ..., 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from May 3 saw the deceased alive on July 29 1961, and that death occured at M, from the causes and on the date stated above. 22b. DATE SIGNATURE 22a. ATTENDING DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS The Clinical Center. 22c. PHI SICIAN'S National D. HEYWOOD, M.D. Institutes of Health. Bethesda lh. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Princess Anne, Md. Manoken Presbyterian P & TO 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Washington D.C. Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY MARYLAND lonloomery 10 ni gomeru b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Takoma 05 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 10809 YES NO S NAME OF DATE Month Year DECEASED OF (Type or print) DEATH 19 6 onanno 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sarah onanna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital)/attended the deceased from...... 19 and that death occurred and on the date stated above. 22b. DATE 22a. SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type 23c NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & Kraus

VR A15 (4)

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 7/24/6] PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission e. COUNTY e. STATE b. COUNTY Montgomery-Montgomery County, the d 2 MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) days Bethesda (Rural Hyattsville .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 8302 14th Ave. Naval Hospital YES NO X papers. n 72 hou 3. NAME OF Middle complete 4. DATE Month Dev DECEASED OF (Type or print) DEATH William 19 67 BORDEN July Emerson withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Male WIDO WED DIVORCED X 1890 physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Canada Accountant U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl .= Frederick W. Borden Cecilia McDonald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice og physician. permit 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: o IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, (6) gava rise to immediate cause DUE TO (e), steting the underlying ceuse fest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour e.m. While DIRECTOR: 1901, to July 21. I certify that \$\mathbb{X}\$ (this hospital) attended the deceased from July 15 19 L. that M (we) last saw the deceased alive on JULY 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL ector, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thomas LT, MC, USN U.S. Naval Hospital, Bethesda, Md. filed v 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 di di 19 July 1961 Arlington National Arlington H 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 aring & Krous

death certificate

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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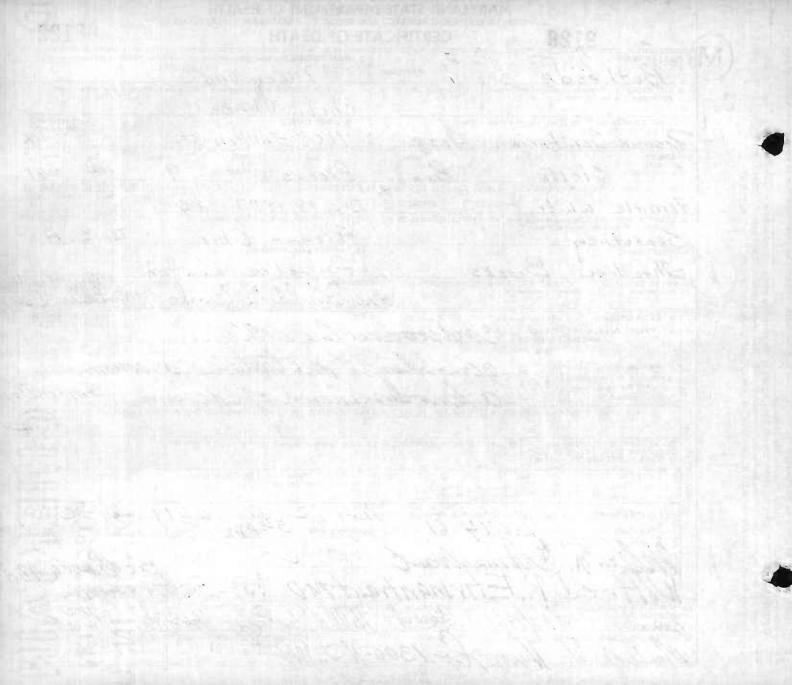
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		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	V	TOWN (If ou		te limits, write R	URAL ond give n	earest town)
07	1	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION MONTGOMERY GENERAL HOSPIT)	d. STREET A					e. IS RESIDENCE ON A FARM? YES NO
o re		NAME OF First DECEASED (Type or print) RICHARD	Middle	Losi		4. DATE OF DEATH	JULY	th [Pay Yeor 1961
	5. 5	6. COLOR OR RACE 7. MARRIED 12 MALE NEGRO WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/5/188!	н 5	9	. AGE (In years lost birthdoy) 76 yrs.	Months Days	AR IF UNDER 24 HRS.
	L	. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OF BUSINESS OR INDU		MAR	YLAND	intry)		J. S. A.
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)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service)	L SECURITY NO. 17. IF	HOSPITAL	L RECO	RDS,	Add	OLNEY, 1	мр.
		1B. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	o), (b), and (c).]	Fai	lura	e-			NTERVAL BETWEEN NSET AND DEATH
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	MEDICAL			ACE OF INJURY (I ctory, street, office			or town)	(Count	y) (Stote)
		21. I certify that (I) (this haspital) attended the saw the deceased alive an	e deceased fram	' / /			,		te stated above.
1		220. SIGNATURE L. Leal 22c. PHYSICIAN'S		M.D. PHYS.	DIR	D. ECTOR 🗆	STAFF PHYS. [7	1/25/6 1 SIGNED
	-	NAME (Type) L. I. LEAL, M. D.			GAITHE		MARYL		
		REBUTIE 7/29/61	Pleasant Vi	iew.,		Qui	on (City, town,	nard, Md	-
Of.	24.	FUNDERAL DIRECTOR'S SIGNATURE TURNELLE	Rookville,	Ma.	DATE	BY REGISTR		STRAR'S SIGNAT	

TO FUNERAL VR A15 (4) 15M 9/59

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YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ourly o. COUNTY o. STATE COUNTY MARYLAND c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO 4.C5MOR 4. DATE NAME OF Middle Last Month Day Yeor DECEASED OF DEATH (Type or print) 1960 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours DIVORCED [WIDOWED papers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. A P au A RCRETARY O 14. MOTHER'S MAIDEN HAME 13. FATHER'S NAME physician Car With mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which (b) gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO cremati 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, OS 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) use ta bi foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m. \$ far 21. I certify that (I) (this haspital) attended the deceased fram the cases and an the date stated above. saw the deceased alive an. 19 and that death accurred a ol by the DIRECTOR: 220 SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 226. PHYSICIAN 22d. ADDRESS FUNERAL 23b. DATE THEREOF 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, Jown, of county) (Stote) page the Sta REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE arthur & Krous 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

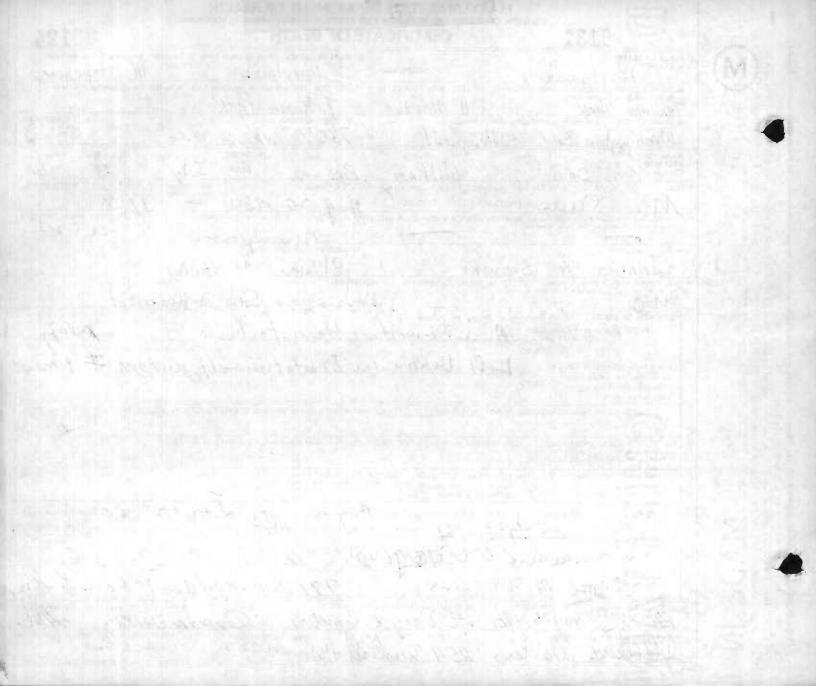
	CERTIFICATE OF DEATH	08124
1.	1. PLACE OF DEATH o. COUNTY MON TROMEY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If o. STATE MARYLAND b. CO	Finstitution: Residence before admission) COUNTY Montage Greety
	b. CITY OR TOWN (If outside carporate limits, write BURAL and give negrest town) 1 Months Takema Park	18
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Which was four SAN. + Hospital 7607 Takena A	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (1)	Manth Day Yeor 23 1961 In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (1 lost bir 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	rthdoy) Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY?
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	TAMES R. BYOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	Address
	(If yes, give war or dates of service) IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hospital Interval Between
	PART I. DEATH WAS CAUSED BY: Acute Congestive Heart to howe	ONSET AND DEATH
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CATION	, (0)	TION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
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MEDICA	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo	(Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. Any 20 1960 to 44 saw the deceased alive and elg. 23 1841, and that death occurred at 1850, from the cau	uses and an the date stated abave.
	220. SIGNATURE ATTENDING MED. STAFF PHYS. ATTENDING MED. STAFF PHYS.	22b, DATE SIGNED
	22c. PHYSICIAN'S NAME (TYPOJAMES M. WHITLOCK 7717 Carrolla	la Talame But u
123	23G, BURIAL CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d, LOCATION (City	v. town, ar county) / (Stote) 1

DATE DATE 101. 2 5 '61 256. REGISTRAR'S SIGNATURE Carthun S. Kraus

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VR A15 (4) 15M 9/59

TO HOSPITAL



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completely to see in by the funeral names. Pages I and 2 should him 2 hours after death. death. Page may be retained by the hospital or attending physician.

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely had in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cemation, or removal, and in any event, within 2 hours after death.

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
0812

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Mo	ontgomer	У	MARYLAND	South Car	olina	
Ь. С	ITY OR TOWN (i	f outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write RU	RAL and give neerest town)
	ethesda	give neerest tewny	20 days	Greenvill	0	
d. 1	NAME OF HOSPIT	TAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRES	5	e. IS RESIDENCE ON A FARM?
Th	he Clini	cal Center, 1	Bethesda 14, Md.	Route # 4	772	YES NO
	ME OF CEASED	First	Middle	Last	4. DATE Month	Day Yeer
	pe or print)	Joshua	Clyde	Burgess	DEATH July	29 19 61
5. SEX	(6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF U	
Ma.		White w		arch 18, 19	03 58 yrs.	onths Deys Hours Min.
		ION (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	xtile Wo		Textile	South	Carolina	U.S.A.
13. FA	THER'S NAME			14. MOTHER'S MAIDE	N NAME	
Har	mpton Bu	rgess		Mattie Tr	otter	
		ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17. 1	NFORMANTThe	Medical Records	
No	io, or unkown) (i	fyes givewer or detes of servi	248-05-3645 Th	e Clinical	Center, Bethesda	14. Maryland
18	. CAUSE OF D	EATH [Enter only one cou	se per line for (e), (b), and (c).)			INTERVAL BETWEEN
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	use lest.) (c)	NS CONTRIBUTING TO DEATH BUT NO	T DEL ATEN TO THE TENA	AINAL DISEASE CONDITION GIVEN	N PART 1(a) 110 WAS ALITOPSY
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OR (IF	R CONTRIBUTING	AS UNDERLYING [] 20 [] CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury i	n Peri I or Peri II of Hem 15.)	
WEDICAL 20	De. TIME OF INJU	IRY Month, Dey, Yeer		CE OF INJURY (Home, fa		(County) (State)
<u>a</u>	Hour e.m.	19	While Not While tact	ory, street, office bldg., e	nc., j	
_			attended the deceased from.	July 9	1967 to July 29	167 . that (1) (we) last
21.	. I certify i	(i) (iiiis ilospilai)	19/61, and that	doub assured 2	OQ. AM the sauces and	d on the date stated above
	20. SIGNATUR	ned alive on		deall occured an	ine causes and	and DATE
22	20. 300	Dunlari	Wash	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. X	7/29/61
22	c. PHYSICIAN'S	surjui c	KOUN, M	.0.	e Clinical Center	r. National
1 22	NAME (Type)	. DOUGLAS CL	ARK. M.D.	Institute		hesda 14, Md.
23e. B	BURIAL, CREMATI	ON, 236. DATE THEREO		OR CREMATORY	23d. LOCATION (City, town of	
DEA	noval (Specify)			sby.Church	nCem. Greer, 1	South Carolina
24 FUI	NERAL DIRECTOR	A. PUMPHRE	ADDRESS ROTTO		REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	MODERI	A. FURIFIRM	EY Bethesda,	DATE	AUG 2 '61 and	hug S. Krans
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W. Delpins Other, L.D.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Page MARYLAND c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL end give nea write RURAL and give heerest town) e. IS RESIDENCE ITUTION (if not in hospital, give steet address) ON A FARM? Rd YES NO retained he State E DECEASED OF the DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED may 2 wit Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) ive Pages 1, PM3. Page File pages 1 Frieda Schneider vent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN long ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO pluods Conditions, if eny, which? gove rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO EXAMINER: This pluods cren 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief A Page 3 s 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) Month, Day, Year (Stele) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While et work et work OR: F 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry M and in my opinion EDICAL forwarded to Natural causes Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER DATE SIGNED should be for FUNERAL DEPUTY MEDICAL EXAMINER DEPU NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH 40 0 Montgomery Maryle 7/15/61 Parklawn Cemetery Maryland Pumphrey. Inc. 8434 Georgia Avenue VS. A15ME Silver Spring, Maryland ATE JUL 1 7'61 Oltar & Frances 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08128

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: R	esidence before admission)
Montgomery MARYLAND	Maryland b. COUNTY Mon	tgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva neerest town)
write RURAL and give nearest fown) Silver Spring	East Bexhill Drive, Kensi	ngton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE
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Seymour Nursing Home 3. NAME OF First Middle	1 9705 E. Bexhill Drive	Day Yeer
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F CTV	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	2 196/ YEAR IF UNDER 24 HRS.
te W WIDOWED DIVORCED		Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Housewife	Michigan U.	J.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hubert Bunyea	Alma Bacon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (ffyesgivewarordafesofservice)		
	D) Mrs. Seitz-same 2d	
18. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).)	[.L)) +:	ONSET AND DEATH,
PART I. DEATH WAS CAUSED BY: Ventricular	fibrillation	3 months
4331 DUE TO		
Conditions, if eny, which (b)		
geve rise to immediate cause		
(a), steting the underlying ceuse lest. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Chronic Multiple arthritis 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
50	ACE OF INJURY (Home, farm, 20f. (City or town) (Courterry, street, office bldg., etc.)	nty) (Steta)
Hour a.m. While Not While et work et work	retory, sneet, once bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	Och 15 1950 10 July 3 196	A, that (I) (we) last
	at death occured at 2. P.M., from the causes and on t	
2. SIGNAURE 2	deally occurred unange, with the causes and on the	22b, DATE
Val. 11 MILLIE	M.D. PHYS. DIRECTOR PHYS.	J- 3- SIGNED
22c. PHYSICIAN'S	224 ADDRESS / M PAC: 1	1. 71.0
MAME (Type) ohn / Andrews	4601 Colleville & Silver S	Jung Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, fown or county	(State)
Burial 7/6/61 Ft. Lincol	n Cemetery Prince Geo. Co	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
Robert A. Pumphrey Bethesda, Ma		

the than evenour Mounding Mana . Serve and the again an tenut mounts Ventreenlar Liber Platters 3 Months Chrome multiple as that is meny years obvinition Someth of Ection to berein the So-ten M. Charles word Ellin V Andrews - Renewalle Resident Sheem The Malery . Functorey Betheeds, Marriand ... In

ofter death. Page 4 te funeral director, should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours puo TO HOSPITAL PAATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 nou may be retained by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

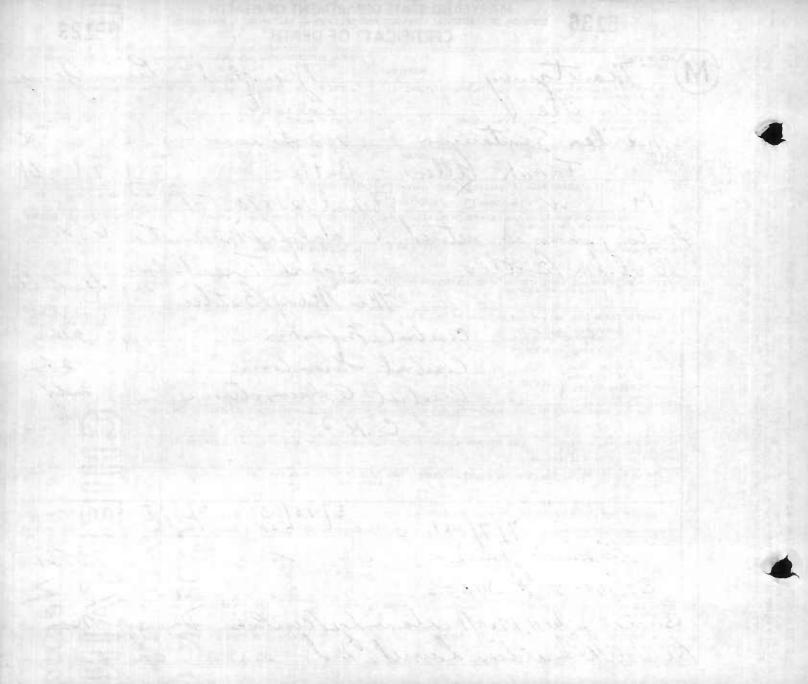
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08129

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M	o. COUNTY Mant	admery MARYLAI	2. USUAL RESIDENCE (Where deceaded on STATE Ward	sed lived. If institution: Residence	- // V
-	b. CITY OR TOWN (If outside corpor RURAL shd give neorest town)	fie limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corp	porote limits, write RURAL and gi	ive neares town)
d	d. NAME OF HOSPITAL (If not in hos OR INSTITUTION)	Santaria	d. STREET ADDRESS	in Caunt	e. IS RESIDENCE ON A FARM? YES NO
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1	5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [-11 100		1 YEAR IF UNDER 24 HRS. Days Hours Min.
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	B. FATHER'S NAME	Butler	14. MOTHER'S MAJDEN NAME,	ren halm	
	1S. WAS DECEASED EVER IN U. S. ARMI (Yes, no, or unknown) (If yes, give war pro-		The Mary By	tle Address 102	Sharen Ct
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1	21. I certify that (I) (this has saw the deceased alive an	spital) attended the deceased from 7/7/1961, and the	am 5 / 5 / 196/, to not death accurred a 5.30 M, from	1///	I, that (I) (we) last date stated above.
	220. SIGNATURE	In Jones	M.D. PHYS. MED. DIRECTOR [STAFF	7/8/SIGNED
	22c. PHYSICIAN'S NAME (Type) TEPITEN	& JUNES	22d. ADDRESS		///
	Burnel July	THEREOF 220 NAME OF CEMETE	RY OF CREMATORY 23d. LOC When Ruh	Darsey	md (Stote)
-	24. FUNERAL DIRECTOR'S SIGNATURE	aldran Laure	A PAL DATE III 1	ISTRAR 2Sb. REGISTRAR SIG	R Kraue



700			Division of STATISTICAL RESEARCH AND RECORDS, 30	W. PRESION STREET, BALLIMORE 1,	
FOR STATE			OLO MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH	08130
HEALTH DEP	T.		LACE OF DEATH Item 7 Film G2.2	SUAL RESIDENCE (Whele decessed lived, If institution:	Residence before edmission)
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Page Hilles.	K	t	CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c	. CITY OR TOWN (If outside corporate limits, write RURAL e	nd give nearest town)
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T D D D			21. I certify that I took charge of the remains described above, held an		and in my opinion
rde cert			death resulted from: Natural causes 🕍 Accident 📗, Suicide	Homicide , Undetermined manner	
the rwa	0	K	ACTUAL A O Q	CHIEF MEDICAL EXAMINER	DATE SIGNED
o for a for			SIGNATURE MIND J. / HOCK hart M.		DATE SIGNED
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M % o D v		22e	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM	Address (Street, city, town, or county) ATORY 22d. LOCATION (City, town, or country)	y) (Stete)
or it			Shipped 7/20/61 Stone Brothers		
H	- 1	23.	FUNERAL DIRECTOR O ADDRESS	Funeral Home Ft. Pierce 240. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 8138 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Nom ER MARYLAND the 12 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town VER SPRING-WHEATEN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address a. IS RESIDENCE ON A FARM? YES NO tom/= completely 3. NAME OF DATE Month Day Yeer DECEASED OF (Type or print) DEATH 19 and cor 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRT 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED X 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMAN (Yes, no, or unkown) | (If yes give war or detes of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE R signed DUE TO Conditions, if any, which geve risa to immadiate cause DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TI 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH detached 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from ... , and that death occured at Las South on the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS FUNERA CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 23d. LOCATION (City town or county) REMOVAL (Specify) 0 NEUZINE 256. REGISTRAR'S SIGNATURE D. BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circhun S. France 15M 9/60

SILVER SPRING-WIEBER PIGGERS 25 Ct - 2 -4 PUCKER 1-16-30 10-31 FEMILE WATER OF K HOLE TANBELDE NO. FOLLOWERS KATHLERN CLASSE MORTIN CARLLE BESSELLING HIE the second of th Them we for the territory of the second second second The said of the sa The second of the second of the second of 后的现代的 自己 美国在外外的对比较大的工作中产品和工作的企业。通过 Burney of the same of the same that the same of the sa Marcain State State W. H. St. January

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR' CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidanca bafore admission) a. COUNTY b. COUNTY Maryland Montgomery Montgomery MARYLAND \$ 7 t b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural) 60 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10411 Hayes Ave. U. S. Naval Hospital YES NO X NAME OF 4. DATE Middle Month DECEASED OF (Typa or print) CARNES, SR. DEATH John July 61 Houston 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Caucasian WIDOWED X DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired USA Virginia Telephone Co. Lineman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Virginia MARTIN William H. CARNES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give war or datas of sarvice) (D) Mrs. R.O. Wetmore, same as #2 above 18. CAUSE OF DEATH (Enter only one causa par line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gava risa to immadiate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter pays of injury In Part I or Part II of item 18. OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm,) 2Df. (City or town) (County) (Stata) factory, streat, offica bldg., etc.) Whila Not Whila at work at work July 15 , 19.61, that () (we) last 21. I certify that M (this hospital) attended the deceased from May 16 22a. SIGNATURE ATTENDING PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S MAHON, LT, MC, USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) 17 July 1961 Norfolk, Va. Forest Lawn Cemetery Burial-Shipment 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

Wisconsin Ave. Bethesda, Md. DATE UL 19'61

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Item 7 Film G292 USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and giva nearest town) Washington Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Suburban 5011 Worthington Drive YES NO X pletely 4. DATE 3. NAME OF First Last Year Middla DECEASED OF DEATH (Type or print) CARNDUFF 19 Virginia withir 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days and Hours 22 WIDOWED August 6. Female physician 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) USA Maryland Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Larkin Glazebrook Jane Cox WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address removal, (Yas, no, or unkown) | (If yas giva war or dates of servica) physician. Arthur Carnduff (husband) same as above Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY Pulmonary Embolization, both lungs 20 min. IMMEDIATE CAUSE (a) DUE TO Phlebothrombosis, deep veins, left lower extremity gava risa to Immediata causa DUE TO (a), stating the underlying After this certificate has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? S 0 None NO T prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar netura of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by the DIRECTOR. After this 3 should be detached for 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, straat, offica bldg., atc.) Not Whila Whila at work at work 21. I certify that (i) (this hospital) attended the deceased from July 25, 1961, to July 28, 1961, that (i) (we) last give on July 28 1961 , and that death occurred 10:30, A.M. the causes and on the date stated above. the Heceased 22a SIGNATURE ATTENDING SIGNED July 28, 1961 DIRECTOR PHYS. ADDRESS 22d. 5009 DelRay Avenue Bethesda, Maryland Robert Angle. FUNER ector, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Prince Georges Maryland 0.58 FUNERAL DIRECTOR'S STONATUR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) m Bethesda, Md. DATUL 3 1 '61 Cirilwa S. Tiraus 15M 9/60

The law requires that the death certificate

PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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July 28 61 10:30 1.M.

38, 1961 July 38, 1961

Roburt Angle, M. D.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Connecticut MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) writa RURAL and give neerest town) New London Davs Bethesda d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARMI YES NO The Clinical Center 13 Ashcraft Road completely 3. NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) BRUCE PINK CHAMBERS 19 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months and Devs Hours Male White WIDOWED DIVORCED May 19. 50 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
U. S. Coast Guard U.S. Coast Guard USA Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pink Chambers Martha Jackson 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) (Ifyesgive war or dates of service) ova The Clinical Center, Bethesda 14. 041 - 30 - 076618. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hodgkins Disease vear IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) fectory, streat, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from June July 10, 1961, and that death occurred at 4:35, Romane causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR 10/61 PHYS. PHYS. 22c. PHYSICIAN'S The Clinical Center, National FUNERA NAME (Type) EDWARD S. HENDERSON. M.D. TO FUNE director, p Institutes of Health, Bethesda 11. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial-Transit Pleasant Grove Cem Carroll County, Georgia 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arihun S. Thous DATE JUL 11 '61 15M 9/60 Robert A. Pumphrey Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8143 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery by the and 2 death. MARYLAND Pennsylvania b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 24 days Bethesda (Rural Levittown d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? U. S. Naval Hospital YES NO X 27 Ailanthus Lane completely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 20 61 CHISARIK July 19 Jean Marie 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 28 birthdey) and Months Hours 10-5-32 Female Caucasian WIDOWED DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired USA Pennsylvania Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Marie JANIK Edward WOJCIK 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivawarordatesofservice) (H) Andrew S. Chisarik, same as #2 above 0 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN unistic heart disease with ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) insufficiency - post operative Conditions, if any which geve rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? YES NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Perl II of item 18.) CERTIFI OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that A (this hospital) attended the deceased from June 26 July 20 O DIREC 22b. DATE 7-20-61 SIGNED ATTENDING STAFF DIRECTOR PHY5. PHYS. page with t 22d. ADDRESS PHYSICIAN'S J. E. McClenathan, CDR MC USN U. S. Naval Hospital, Bethesda, Md. HOSPII 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) P d 721-61 Our Lady of Grace Cemetery St. Martins Pa. 0 Burial-Shipment 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE JUL 2 4 '61 Home, Rockville, Md. Crimos S. Thous 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) e. COUNTY b. COUNTY Page MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN GIP outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) GERMANTOWN DAYS OLNEY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES X NO RURAL - RT. GENERAL HOSPITAL 4. DATE Month Middle DECEASED OF DEATH (Type or print) JULY 31 19 61 COLEMAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH with 5 m. and 2 w last birthday) may Months Davs Hours and WIDOWED Y DIVORCED USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working tife, even if retired) in pencil in Item 18. Give Pages 1, FARM MARYLAND U. S. A. LABORER . pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM COLEMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT E form Address (Yes, no, or unkown) | (If yas giva war or dates of service) HOSPITAL RECORDS, OLNEY, MD. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along reumonice, frlateral ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial pluods Conditions, if any, which gave risa to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe YES NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Medi PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. nome when Chief par 20f. (Chy or town) EDICAL 20d. INJURY OCCURRED | 20e. PLANE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While 19 at work at work te the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 0 Inquiry EDICAL forwarded to DIRECTO Accident X Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED designate FUNERAL SIGNATURE-DEPUTY MEDICAL EXAMINER please exect should be purification or its design DEPUT NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, (State) 22d. LOCATION (City, town, or country) REMOVAL (Specify) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S HG Burial 23. FUNERAL DIRECTOR VS. ATSME DATE AUG 3 arthur & thousand SM 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

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,	Bethesda	(Rural)	5	0 days		South Ha	umpton		15	X	-/	
1	d. NAME OF HOSPI	ITAL OR INSTITUTION (if	not in hospital, gi	ve streat addrass)		d. STREET ADDRESS						ESIDENCE A FARM?
	U. S. Naval				E	ella Vista					YES	ИО [3]
	3. NAME OF DECEASED (Typa or print)	Bertha M-	Barbara	Middle	COM	Last IBS	4. DATE OF DEATH	July		23	Year	61
	5. SEX	6. COLOR OR RACE				DATE OF BIRTH	9.	. AGE (In years	IF UNDER		IF UNDER	24 HRS.
	Female	Caucasian		DIVORCED [4	-23-21		last birthday)	Months	Days	Hours	Min.
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	23a. BURIAL, CREMAT	ION, 236. DATE THERE		NAME OF CEMETE				ATION (City, to	wn or cour	nty)		tata)
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	Robert Pum	1 2 AAA AA AA A X X X AAA	1 Home,	Bethesda,	Mo			TRAR 25b. RE	GISTRAR'S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 127 included by the hospital or attending physician.

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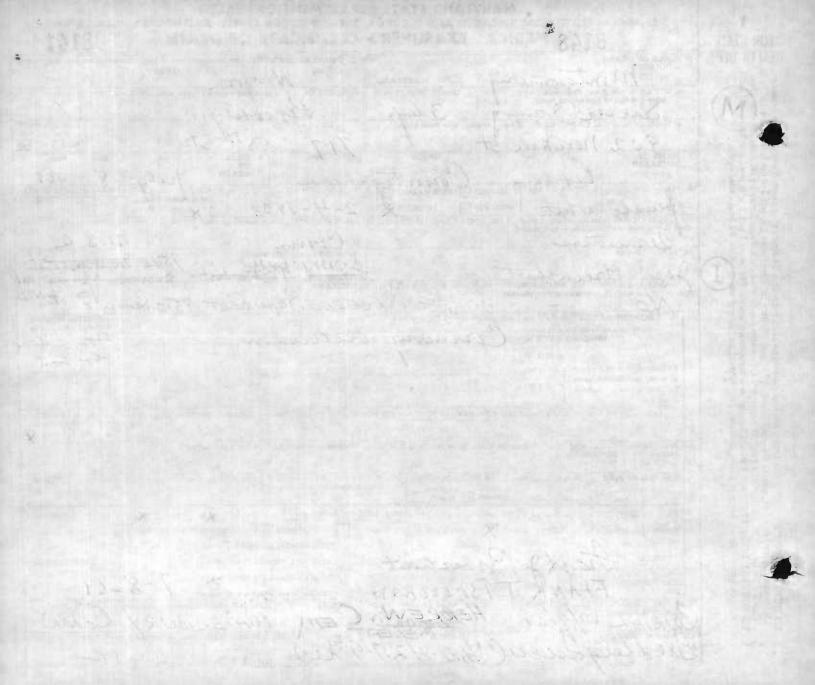
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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utec	3. NAME OF DECEASED First Middle Last 4. DATE Month Dey Year
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r us	YES NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF ITE ITHER, NOTIFY MEDICAL EXAMINER!
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TE Teta	21. I certify that (I) (this hospital) attended the deceased from July 4, 1961., to July 44, 1961., that (I) (we) last
AT Per line	saw the deceased alive on
OR may DIR	228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED
- "-	22c. PHYSICIAN'S AND PHYS. DIRECTOR PHYS. July 14-1961
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HOSPIT death. Pag O FUNER director, pe be filed wi	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE 1250. REGISTRAR'S SIGNATURE 1250. REGISTRAR'S SIGNATURE 1250. REGISTRAR'S SIGNATURE
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the following Manage of Control of May 1 Constitution Daniel Landon Landon TRAFF T DIA ALEXANDER DE L'ANDRE DE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) e. COUNTY Page e. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outlide corporata limits, write RURAL and dive searest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO X Middle DATE Month DECEASED OF (Type or print) DEATH 1961 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS THEYER MARRIED last bighday) Months ! Devs Hours WIDOWED DIVORCED A USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ng most of working life, even if retired) in pencil in Item 18. Give Pages 1, pages PM3 AIDEN NAME 16. SOCIAL SECURITY NO 17. INFORMAN Office along with 510-SemiNo CAUSE OF DEATH [Enter only one cause par lina for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO burial certificate should Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), steting the underlying SE Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 cremati ite the certificate, writing the word Medical NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. EXAMINER: Chief 3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) 2 fectory, street, office bldg., etc.) Whila Not While Hour a.m. forwarded to the prior et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection & Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. 22d. IOCATION (City, town, or country (State) REMOYAL (Specify) 2409 UNERAL DIRECTOR 24. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8140 Reg. Dist. No. 08142 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) be d. NAME OF HOSPITAL MI not in hospital, give street oddress) d. STREET ADDRESS e. IS REST DENCE ON A FARM YES NO P NAME OF Middle 4. DATE Lost Day Yeor DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 9. AGE (In years UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER ARRIED Doys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Hecht company Lamp Department 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 aft William Crater DUTTLE move 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while p. m. at wark ot work 21. I certify that Wattended the deceased fram that I last saw the deceased _, and that death accurred as . Co T- M. alive an_ from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE shoul Sandy Springs, PHYSICFAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22 . NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page Transportat Wilmington 7/23/61 North Carolina 23_FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE . Gasch's Sons Hyattsville, Maryland. DATEJUL 25 '61 arthur S. Thank

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) director. Proyour files. e. COUNTY b. COUNTY e. STATE Montgomery MARYLAND Virginia b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Bethesda (Rural) hours Alexandria Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State U. S. Naval Hospital YES NO X 123 Martain Street 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) 19 61 DANIEL DEATH July Christine Monroe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys 1-11-50 Caucasian WIDOWED DIVORCED [Female 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 done during most of working life, even if retired) USA Rhode Island Student pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Priscella SHIRES Eddie Lee DANIEL File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give werer detes of service) with (F) Eddie L. Daniel, same as #2 above None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED 8Y: alon IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 YES X NO pluods 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Carrying knife, tripped, and fell on knife MEDICAL Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, Off Joplin Road 20c. TIME OF INJURY (County) (Stelle) fectory, street, office bldg., etc.) While 19 61 et work et work x Camp Mawavi Triangle Virginia OR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion 0 forwarded in DIRECTO Undetermined manner death resulted from: Natural causes Accident | x Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 7-8-61 DEPUTY MEDICAL EXAMINER TX should by Frank JV BROSCHART, M. D. FUNE NAME (Type) Address (Street, city, town, or county) 22e. SURJAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 7-11-61 Arlington National Arlington Virginia Z40 Ö Burial FUNERAL DIRECTOR ADDRESS 24e. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME West Funeral Home. 214 W. Main, Fairfax, Va. 5M 7/59 JUL 11 '61 DATE Children & House

RYLAND STATE DEPARTMENT OF HEALTH

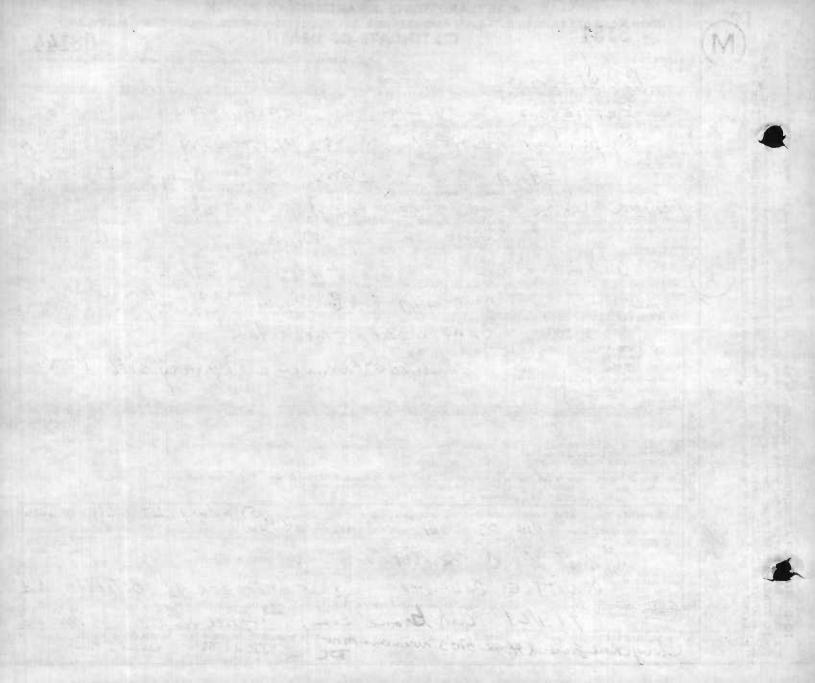
orange #1 (fire.ff) diagnos THE SE PAYOR SEED TO A PROPERTY OF THE 01-11-1 Thirds Island The swares was a second of the second .u.m. ingil M. Broschell, M. D. neg folda Luaciarit novga i se (19-22-1) Luima

W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits," c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end bive nearest town and give newfest town)/ IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARMI YES NO DO NAME OF DATE Middle OF DECEASED DEATH (Type or print) 19 AGE (In year I IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED last birthday) Days Months WIDOWED [DIVORCED JOB KIND OF BUSINESS OR INDUSTRY | 11. PIRTHPLACE (County 10e. USUAL OCCUPATION (Give kind of work & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple VER IN U.S. ARMED FORCES? (Yes, no. or unkown) EVA BARNEY 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY. NORA IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on Ad 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (Stete) 23e BURIAL CREMATION, | 23b. REMOVAL (Specify)

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

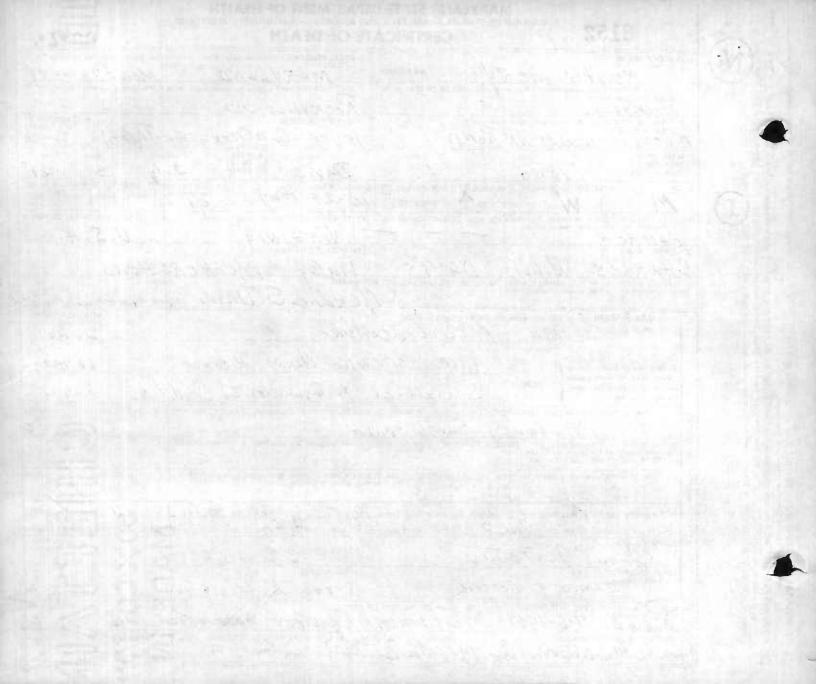
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 8152 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND in b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RLIRAL and give nearest town) OCKVILLE KOCKYILLE MID d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS - OLD GEORGETOW 0500 OLD GEORGETOWN YES NO IN LOAT .⊆ NAME OF 4. DATE OF Middle Manth Day Year DECEASED DEATH July (Type ar print) 3 196/ 9. AGE (In years FIF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 25-1869 lost birthdoy) Manths Days DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Ke 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 10500 CLD GEORGETONN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH eart FAIlure PART I. DEATH WAS CAUSED BY 24/20 IMMEDIATE CAUSE (o) DUE TO ARterioselerotic HEART PISONSO mos Canditians, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? UMONARY Comphysen A YES NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while of work of wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram. And 196/, and that death accurred at saw the deceased alive an. AM, from the causes and an the date stated above DIRECTOR 220. SIGNATURE 22b, DATE SIGNED ATTENDING MED. Galen M.D. FUNERAL DIA 22c. PHYSICIAN'S 22d. ADDRESS J. FOSTOR 5t. 23a. RURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (Stote) REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF GEATS 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY b. COUNTY Page Health, MARYLAND b. CITY OR TOWN (if outside porata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) director. your 0 O not in hospital, give street eddress) STREET ADDRE e. IS RESIDENCE Boar ON A FARM? retained he State E YES NO 3 to the fune death. NAME OF Middle DECEASED OF the (Type or print) DEATH 1961 after with 5. SEX B. DATE OF BIRTH GE (In years IF UNDER YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED fage 5 m Tand 2 w st birthday) Months Hours WIDOWED DIVORCED 46 6 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1, Own Business aurer pages 1 Pennsylvania form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy W. Davis Mary A. Pierrian 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 205 E. Ad Tidian Spring Dr. permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Nadine P. Davis Silver Spring, Md. 159 16 0315 in pencil in Item 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] NTERVAL BETWEEN Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) should be DUE TO removal, Conditions, if eny, which geve rise to immediate cause ro "pending DUE TO (e), steting the underlying 35 Examiner 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe the certificate, writing the word cremat NO R Medical pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Chief 3 WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stele) 966 factory, street, offica bldg., etc.) While Not While Hour e.m. the R: P et work et work prior forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🛂 Inquiry > and in my opinion EDICAL death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for designat DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Addrass (Streat, city, town, or county) please 4 shoul O FUN 22a. BURIAL, CREMINING 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) 7-11-61 Gate of Heaven Montgomery Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS 8434 Georgia Ave. PUMPHREY INC. VS. AISME Silver Spring, Md. SM 9/60 arthur & That

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE funeral 21 Film G291 PLACE OF DEATH 2. USUAL RESIDENCE (Where decaasad lived, If institution; Rasidenca bafora edmission) e. COUNTY Montgomery of Columbia the day MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 25 days Washington Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d STREET ADDRESS e. IS RESIDENCE papers. Pag n 72 hours ON A FARM? 37 - 17th Street. S.E. The Clinical Center, Bethesda 14, Md. YES NO IL mpletely 4. DATE Yaar DECEASED OF (Type or print) DEATH Jasper Lonnie Davis July 19 61 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours Male March 23. WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, evan if retired Offset Pressman Printing South Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 Jasper Davis Nancy Byrd d 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? affen (Yes, no, or unkown) | (Ifyasgive war or datas of sarvice) The Clinical Center, Bethesda 14, Maryland Unavailable attending physician. 18. CAUSE OF DEATH [Entar only ona ceuse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSETAND DEATH IMMEDIATE CAUSE (a) 1 UL burial-transit DUE TO Conditions, if eny, which gave risa to immadiata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES TO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) efached 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm,) 20f. (City or lown) (County) (Steta) Month, Day, Year factory, streat, office bldg., atc.) Whila Not While Hour e.m. et work et work may be retaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from June 21. 16 1961 saw the deceased alive on July 15 the causes and on the date stated above. .., and that death occured 22b. DATE SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 7-16-61 22d. Past Clinical Center, National Institutes 22c. PHYSICIAN'S NAME (Type) Thomas E. Gaffney of Health, Bethesda 14, Maryland 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Steta) O TO Arlington National Cem. Arlington, Virginia 1961 uria 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNE AL DIRECTOR'S SIGNATUR VR A15 (4) Inc. 1432 You Street, N. W. Cirilary S. Thous 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Montgomery Montgomery death. b. CITY OR TOWN (If outside corporate limits, write Funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) be RURAL and give negrest town) P Rockwille days d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO 805 Westmore Ave Suburban . 5 NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 19 Davis 9. AGE (In years S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Days DIVORCED T WIDOWED [100. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired puo Frederick, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barber Ellen Louise Nickens 17. INFORMANT 16. SOCIAL SECURITY NO. Father, Same as above CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH reulatory felure PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while While of work of work p. m. 19.61, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from.__ saw the deceased olive on_ , and that death occurred at the from the courses and on the date stated above OR: 220. SIGNATUI 22b. DATE SIGNED ATTENDING MED. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL CREMATIANT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Lincoln Park. Rockville, Mi. ADDRESS 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR arthur S. Kraus 1SM 9/59

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STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8156 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY MON MAKYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (if outside corporete limits c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b CENSIN GTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, IS RESIDENCE STREET ADDRESS ON A FARM? CARROLL NO M 3. NAME OF First Middle DATE Month Dev DECEASED (Type or print) HOLMEC EFANDORF DEATH 21 19.6 5. SEX IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED [NEVER MARRIED last birthdey) Deys 2 Months Hours WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S. HOUSEWIFE 13. FATHER'S NAME attending (Yes, no, or unkown) | (If yes give wer or dates of service WEAVER 10800 KESWICK 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). ONSET AND DEATH erioscleratic theART wKs AKTERIO SCLEROSIC GENERALIZED Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1.2. that (I) (we) last saw the deceased alve on !. 22e. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 10511 230. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) Burial (Specify) 7/25/1961 Arlington National Arlington Virginia 0 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Circhay S. Kraus 15M 9/60 Robert A. Pumphrey Bethesda, Maryland DATEIN 25 '61

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY b. CITY OR TOWN c. CITY OR TOWN (If outside corporete limits, write RUKAL ON A FARM? YES NO 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) AGE (In years | WONDER 1 YEAR IF UNDER 24 HRS. 5. SEX DATE OF NEVER MARRIED last birthday) Months Deys Hours WIDOWED DIVORCED Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Then please requires that the death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give wer or detes of service) 720 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUF TO gave rise to immediata cause DUE TO (a), steting the underlying ceusa lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 1B.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. DIRECTOR: from the causes and on the date stated above. and that death occured a saw the deceased alive on may 220. SHONATURE ATTENDING DIRECTOR PHYS. celle PHYS. M.D. page 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) Bernard Walsh 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 93d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY Washington, 7-10-1961 Mt. Olivet 0:53 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1 0 '61 arthur S. Frank 15M 9/60

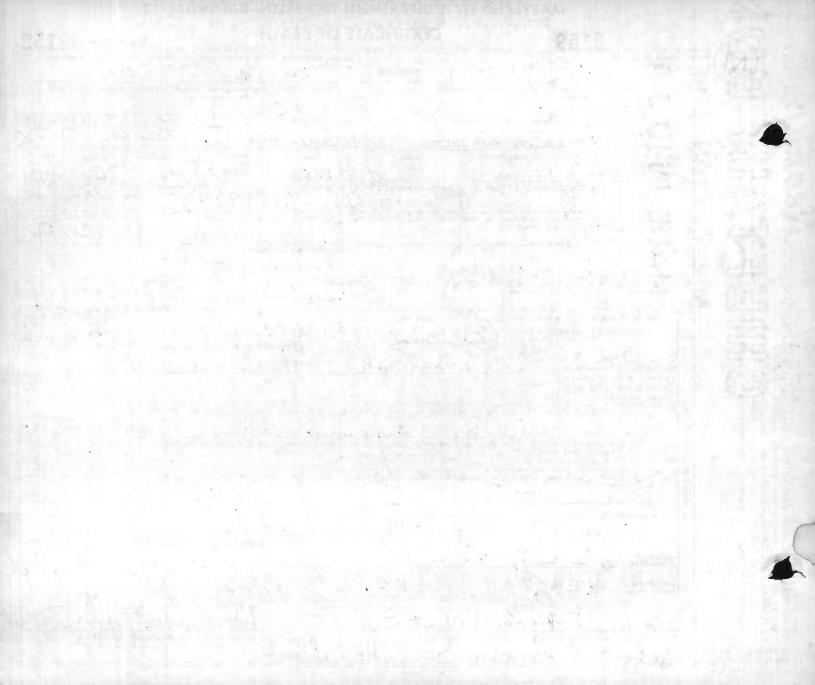
MARYLAND STATE DEPARTMENT OF HEALTH

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efter death. Page 4 he funerol TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death may be reto and by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be the registrar priar to buriol, cremation, ar removal, and in any event within 72 hour-area death. VS A15 (4) 1SM 9/S8

	MARYLAND SIA Items 5,6,7	& 14 Film	1 G292 8/9/	61 iwk	OKE, 18	
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L	d. NAME OF HOSPITAL (If not in hospital give street address OR INSTITUTION Chealen Raw	1	d. STREET ADDRESS	Wheaton	Laure	e. IS RESIDENCE ON A FARM? YES NO
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution, Residence before admission) Sirector. Fer your files. a. COUNTY b. COUNTY Montgomery Marvland MARYLAND Montgomerv b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) D.O.A. d. STREET ADDRESS Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? YES NO Suburb n Hospita NAME OF Middle DECEASED OF (Type or print) Edward DEATH Elzv Dove 19 T117 37 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Days Months Hours DIVORCED WIDOWED Male 1907 July 5 Negro 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page dona during most of working life, even if retired) Con atmiction Laborer Rockvilla, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Floria Jane Hogan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservica) with 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing Chief / Page 3 s to burie WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Yaer 20f. (Clly or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work - at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry K and in my opinion 20 death resulted from: Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should be FUNER. NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Lincoln Park. Rockville, M. Q40 P 23. EUNIRAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME Orthur S. Kraus 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

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W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution Residence before admission) s nec. director. P. cour files. e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside cor c. LENGTH OF STAY IN 16 Write RURAL and give nearast own NAMB OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO F refained State NAME OF DATE Month Dey Yeer DECEASED OF 3 to the the DEATH (Type or print) with 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS 2 with s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a last birthday) Months Deys Hours WIDOWED T DIVORCED hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page dans during most of working life, even if retired) in pencil in Item 18. Give Pages 1, pages 1 within 7 a 42 K with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN permit. (Yes, no, or unkown) | (If yes give we ror detes of service) any certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO removal, Conditions, "if eny, which (b) geve rise to immediate cause "pending" ro Examiner's DUE TO (a), steting the underlying 50 0 nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 writing the word NO Medical EXAMINER: This DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Peri II of item 18.) pluods 200. EXTERNAL CAUSE YAS PRIMARY OF CONTRAUTING CAUSE OF DEATH. age 3 short to burial, Chief age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) Not While While Hour a.m. TOR: Pa at work at work the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | Inspection of and in my opinion lease execute the certifical should be forwarded to FUNERAL DIRECTO Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Addrass (Street, city, town, or county) please 4 shoul (State) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION REMOVAL (Specify) 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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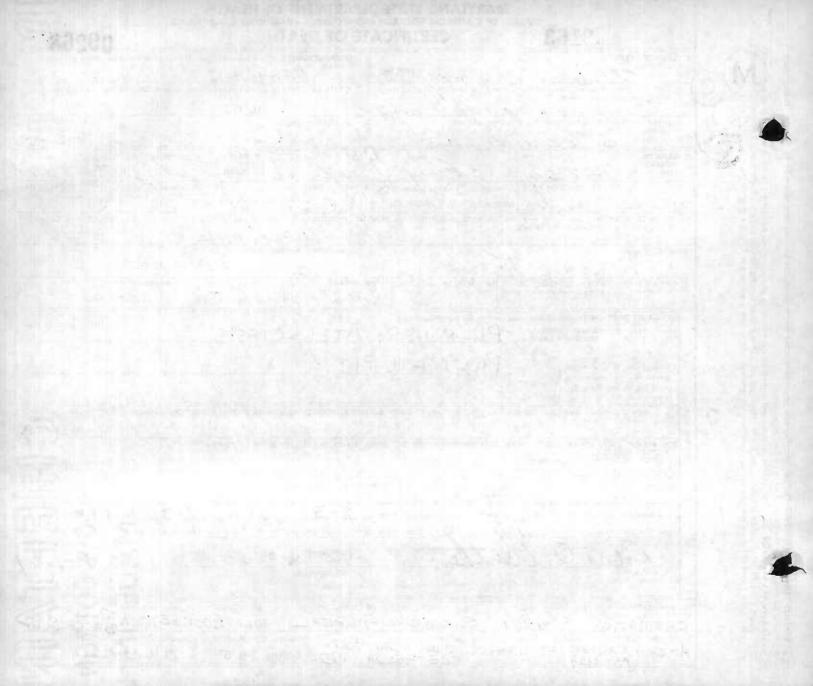
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		IN U. S. ARMED FORCES? 16 f yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	Washing
1,	27.0	yes, give wor or orales or service,	None m	05/11.	PINA 3221	annelun s	t. D.c.
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CERTIFICATION	OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Port I or Port II of i	tem 18.)	
	20c. TIME OF INJURY		INJURY OCCURRED 20e. PL	ACE OF INITIDY IN	ome, form, 20f. (City or tow	(m) (Co	unty) (Stote)
MEDICAL	Hour o.m.	Whil	f.	ctory, street, office		(Co	(31016)
5	p. m.			- 1- C	11 4 1		
	21. I certify that	(I) (this haspital) atter	nded the deceased fram	rea. 8	1914, town	Ly_3, 1961	, that (I) (we) last
	saw the decease	ed alive an July	219 <u>61</u> , and that a	death accurred	of Jo, M, from the c	auses and an the	date stated above.
	220. SIGNATURE	0 1					22b, DATE SIGNED
		Keland Est	wenson	M.D. PHYS.	DIRECTOR PHY	rs.	7-3-61
	22c. PHYSICIAN'S		ILELAND E	22d. ADDRES	S		ADams
	NAME (Type)	2101-17.57.1	N-WS STEVENS	ON 2101	RISTINW.	D.C. 8.	4-1.283.
230	. SURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or county)	(Stote)
B	REMOVAL (Specify)	7/5/61	Rock Creek	Cemete	ry Washi	ngton, D.	C.
	FUNERAL DIRECTOR'S	SIGNATURE.	Bethesda, Mar		250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	VATURE
R	obert A.	Pumphrey H	sernesua, mar	yrand	DATE OF THE PARTY	Circling A.	(CANON
-					DATE		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 8163 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limity) write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If nat in haspital, give street, address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? OX YES NO Ξ. NAME OF Middle 4. DATE Year Mont Day DECEASED OF (Type or print) DEATH 19 UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE J. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. ed WIDOWED [DIVORCED | mzelo 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) bon p 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME AS Above attending 1B. CAUSE OF DEATH [Enter only ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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certificate

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH TO 0 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 6 write RURAL end give neerest town) WASHINGTON D.C. BETHESDA C hours af d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM 1706 KENYON ST SUBURBAN HOSPTTAL YES NO completely NAME OF Middle Month DATE DECEASED OF MARY Mc Neil DUNIAP JULY DEATH (Type or print) 61 19 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (in yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months July 21, HEMATE WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Mississippi U.S.A. Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please C William R. Dunlap Elizabeth Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Sister) Address Washington. D. C. (Yes, no. or unkown) | (If yes give wer or dates of service) Mrs. Daniel B. Ventres (3407 - 34th Place, N.W. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN July 18, 61 PART I. DEATH WAS CAUSED BY: Cerebrial accident with hemiplesia, right IMMEDIATE CAUSE (a) DUE TO arterioscleresis with chrenic nephritis. Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO To prior 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OF CONTRIBUTING | CAUSE OF DEATH After this Carious teeth (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Dey, Yeer 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Not While Hour a.m. may be retained DIRECTOR: Af Washington, D. C. et work et work 21. I certify that (I) (this hospital) attended the deceased from July 18, to July 23. 19 6I that (I) (we) last saw the deceased alive on July 22, 1961, and that death occured al.A.M, from the causes and on the date stated above. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR death. Page TO FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S THOMPSON PERSHING Dr.SILVER SPRING MD filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) ÷ 5 8 Prince Georges County Md. Buria 26 /6] Cedar Hill Cemetery 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATEUL 25 '61 15M 9/60 arthur & Kroue

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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0 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
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NDING bined by R: After detache I: of Hei	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 20d. INJURY OCCURRED While et work 19 et work	
ATTED be reta ECTOF ould be ste Dept		21. I certify that (I) (this hospital) attended the deceased from November, 1959, to July 20, 1961, and that death occurred at 1959, to July 20, 1961, and that death occurred at 1959, the causes and on the causes are caused at the causes and on the causes and on the causes are caused at the cause at the c	he date stated above
RAL DIRE age 3 shou vith the State		22c. PHYSICIAN'S NAME (Type) FRANK THEE TO A D ATTENDING MED. STAFF PHYS. D DIRECTOR D PHYS. D 22d. ADDRESS	22b, DATE SIGNED 7/2/161 Chevy Chase
death. P. Control of Function,	236	NAME (Type) FRANK JAGGERS M.D. 5707 WISCONSIN BURIAL, CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) July 24, 1961 Mt. Zion Bethesda	(Stote) Maryland
VR A15 (4) 15M 9/60	24	FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 5 Date 24 '61 Chilum S. The	SIGNATURE

Liveria 1 Waltiple Myelama Track Agree ME - Valle -FRANKATAGE ERS ALD Burtal | July 24, 1981 | Ht. Zion Robert A. Pumparey Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	nontgome	1 Ay MARYLANI	a STATE	Where deceased lived. If b. Co	institution: Residence be	
RURAL and give n	Viney	c. LENGTH OF STAY IN 1	1 Olne	If butside carporate limits,	write RURAL and give	
OR INSTITUTION	TAL (If not in haspifol, give street YOUE Followday	tion	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary	Middle	East	4. DATE OF DEATH	ly 1	Day Year 3 196/
S. SEX	WIDOW!		Sept. 1-189	9. AGE (In any birth	hday Manths Day	
during mast af war	ON (Give kind af wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR IN	new ma		1. 12. CITIZEN	S C
J'n woo	d Hamm	ond	14 MOTHER'S MAIDER	2 Wool	1	726.61
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Wosp. Reco	rds	Address	
	ATH [Enter anly ane cause per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).	elevoir	1 Senon		NTERVAL BETWEEN DISET AND DEATH
443 Canditians, if		yper ten	suro Cara	lin Vore	ulu	1000
gave rise to cause (a), stating lying cause last.	the under- DUE TO	0		*	Street	
CATIC	HER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TE	rminal disease conditi	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING TO COULD BE COMEDICAL EXAMINER)	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury	in Part I ar Part It af item	18.)	
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Year 20d. II 19 While at war	Nat while	PLACE OF INJURY (Hame, for factory, street, affice bldg.,	etc.) 20f. (City ar tawn)	(Caun	nty) (State
21. I certify the	ot (1) (this hospital) attending		n July /8 It death occurred at/2	195 G. to 13 1		that (I) (we) los ote stated obave
22a. SIGNATURE	B. Zuen	Cer	M.D. ATTENDING PHYS.	MED. STAFF PHYS.		22b. DATE SIGNEI
22c. #HYSICIAN'S	JOHN OBD	ZIEGLE	22d. ADDRESS	OLNE	\	n Bo
23a. BURIAL, CREMATIC REMOVAL (Specify R- Buria		23c. NAME OF CEMETER Waynesbo		23d. LOCATION (City, Waynesbo	tawn, ar county)	nia (State)
24. FUNERAL DIRECTOR		ADDRESS		EC'D BY REGISTRAR 2S	REGISTRAR'S SIGNA	

may be restanded by the haspital ar attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Page 4 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO FUNERAL TO HOSPITA

after death. Page 4

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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. (CS)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLAC	E OF DEATH						here decaased lived, b. COL		sidence before admission)
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	rite RURAL and gir chasda	ve neerest town)		15 days	Summ	it			
		OR INSTITUTION (in	not in hosp	oital, give street address)	d. STREET	ADDRESS		1	e. IS RESIDENCE
The	Clinics	7 Center	Beth	esda 14, Md.	106	Glenside	Avenue	1/X-	YES NO
3. NAM	EOF	First	DOOL	Middle	Last	4. D	ATE Mor	oth	Day Year
	ASED or print)	Paul	2	Josefa	Eve			ly 11,	1961
S. SEX	6	. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIR	тн	9. AGE (In year		
Fem	ale	White	WIDOWE	DIVORCED	July 1	5. 1902	58 yrs.	Months Da	ays Hours Min.
10a. USU	AL OCCUPATION	N (Give kind of work	10b. KI	ND OF BUSINESS OR INDU			tale, or foreign countr	y) 12. CITIZ	EN OF WHAT COUNTRY?
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13. FATH	IER'S NAME					'S MAIDEN NAME			
Jos	seph Damm	n.			Unkn				
		IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORMATA	e Medica	1 Record	155	
No	or annown, (myo	ag 110 Wat 01 Ga 103 01 30		navailable 7	The Clini	cal Cent	er, Bethes	da 14,	Maryland
18. 0	CAUSE OF DEA	ATH (Entar only ona	causa per li	ne for (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
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	420	DUE TO	<u></u>	-100	7	4			
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OR C	ONTRIBUTING	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter nature	of injury in Part I o	or Part II of item 18.)		
₹ 20c.	TIME OF INJURY	Month, Day, Yes	r 20d.	NJURY OCCURRED 200.	PLACE OF INJURY	(Home, farm, † 20	Of. (City or town)	(Count	(State)
WEDICAL 20c.	Hour a.m.		While	LAOI ALIIIIA	factory, street, offic	e bldg., atc.)			
	p.m.	19	1	at work	June 26	10 6	3 . Jule 1	1 106	3 (0) () 1
				ded the deceased fro					
		alive on ULL	y LLg	19 61 , and t	hat death occu	ired at Z.A.A.M	, from the cause	s and on th	
22a.	SIGNATURE	SP	Cox		M.D. ATTENDI		OR PHYS.	3	7/12/61
22c.	PHYSICIAN'S NAME (Type)	THOM	IS A	CADE, M.D.			al Center, Bethesda		al Institute
23a BIID	RIAL CREMATION	N, 23b. DATE THER	EOF	23c. NAME OF CEMETE			d. LOCATION (City,		
	VAL (Specify)	7/14/6	51	A second policy of the second	a Cemet				
24 FUNE	RAL DIRECTOR'S	SIGNATURE		ADDRESS		2Sa. REC'D BY	Summit REGISTRAR 256.	REGISTRAR'S SI	GNATURE
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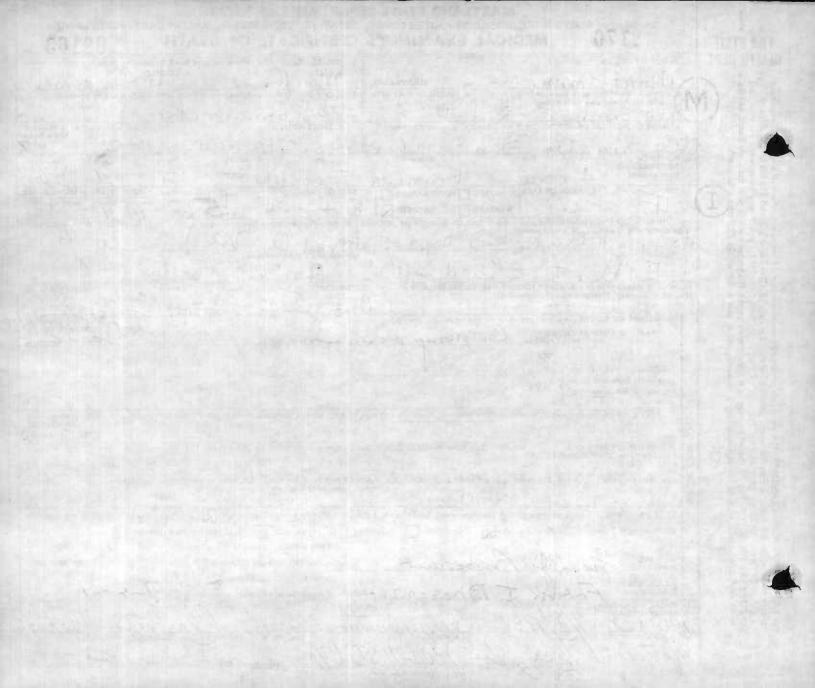
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XX		Division of TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8162
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Reside	ince before admission)
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of set of	7	write RURM and give morest town)	1001011104111
	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	I e. IS RESIDENCE
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sny c tained State eath.	3.	Vashington Sonitarium and Hospital 1714 Dublin Drive NAME OF First Middle Last 14. DATE Month Da	YES NO
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may may 2 with	3.	SEX 6. COLO OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR	Hours Min.
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24 hour Page M3. Pages within	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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	15. (Ye	V4001673	A
tem 18. with fo with fo permit.		No. Stanley Fairfay Silver Sprin	MI
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ITERVAL BETWEEN
on on b		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia	NSET AND DEATH
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1	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part or Part of item 18.)	YES NO
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Ariti	DIC/	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.) (County)	(State)
the the	MEDI	XXXX 7-24-1961 at work x home Silver Spring Mont	g. Md.
Fica Fica Fica Fica Fica Fica Fica Fica		21. I certify that I took charge of the remains described above, held an Autopsy 📈, Inspection 🗍, Inquiry 🔲, and	in my opinion
G C C A		death resulted from: Natural causes . Accident . Suicide . Homicide X, Undetermined manner	
EDI War IRI		CHIEF MEDICAL EXAMINER	
MED to the forward forward L DIR		SIGNATURE TOUR ON STORE THE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
be be ign		EXAMINER'S DEPUTY MEDICAL EXAMINER A	
D X P E S		NAME (Type) FANK J. BOSCHZH+ Address (Street, city, town, or county)	4-61
DEPUS should FUNE: its des	22e	BURIAL, CREMATION, 22b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
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VS. A15ME	23.	ADDRESS 240 REC'D BY REGISTRAN 246. REGISTRAN'S SIGNA	TURE
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. 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08163
MEALIN DEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 6. COUNTY 6. COUNTY 6. COUNTY
essary, or. Page files. Health,	MARYLAND War Wand. Mont gomes w
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To Be Co	ON A FARM?
any he furter, etained e State death.	3. NAME OF First Middle lest 14. DATE Month Dey Year
五年 5 る 5	OF Trene Frances Farrell DEATH . 7 4 196/
モニタモギ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
. E E O 3	WIDOWED DIVORCED N 8-23-04 Son Diphday) Months Dayy Hours Min.
s after 1, 2, age 5 age 5 and 72 ho	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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24 ho e Pag Page page withi	13. FATHER'S MAME
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Mith for seve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give we ror deles of service)
uted will tem 18. with fo permit.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
D - 5 - 5 - 5	PART I, DEATH WAS CAUSED BY, ONSET AND DEATH TO
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0 0 0	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of item 1B.) PRIMARY or CONTRIBUTING
EXAMINER that, writing the chief M R. Page 3 shrift rior to burial.	
writh write Chage Chage	Hour a.m. While Not While fectory, street, office bldg., etc.)
AL I	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
MEDICAL orwarded to orwarded to orwarded to orwarded to	CHIEF MEDICAL EXAMINER
ME TO THE	SIGNATURE THANK I PARTICIAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
RA I	EXAMINER'S DEPUTY MEDICAL EXAMINER Z
DEPU MEDICAL ease execute the certific should be forwarded to FUNERAL DIRECTO r its designated agent, p	NAME (Type) FLANK J. IShasehahr Address (Street, city, town, or county)
O S -S M -=	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City flown for country)
0 g 4 0 g	13. EUNECTOR 200 ADDRESS (240. REC'D BY REGISTRAR'S SIGNATURE)
VS. A15ME 5M 9/60	M. # Sall The
JM 7/00	Marlen W. Alkang Or 1300-N. S. M. M. DATE JIH 6 '61 Colon & Kinns
	Wash, De



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY a. STATE b. COUNTY iontgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 5-6 years Silver Spring Washington D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 106 ON A FARM? YES NO Seymour Nursing Home 5610 Colorado Avenue, N.W. Apt. 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH Veronica Fitzgerald July 24. 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (in yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months Devs Hours Female WIDOWED 76 DIVORCED Sept. 8, 1884 10 116 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Tavern Owner (Retired) Self employed Mounds 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Powers Daniel Fitzgerald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 106 (Yes, no, or unkown) | (If yes give war or detes of service) 334-30-1138 Mrs. M.R. Strong, 5610 Colorado Avenue, N.W. Apt. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 1000 - Del 20812 Conditions, if eny, which geve rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.] While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 22b. DATE 22a. STGNATURE MED. SIGNED ATTENDING PHYS. DIRECTOR 22H. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURJAL, CREMATION, 23b. DATE THEREOF CEMETERY OR CREMATORY (Stete) 23d, LOCATION (City, town or county) REMOVAL (Specify)

Georgia Avenue

Inc.

XXXXXXXX Cemetery Mounds, Illinois

Spring, Maryland DATE JUL 2 6 '61

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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after death. Page 4 funeral directar ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haz may be retuined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

TO HOSPITA

VR A15 (4) 15M 9/59

8172 1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08165

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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	RURAL and give ned	orest tawn)				V -								
		LNEY L (If not in hospital, g	ius steamt :	3 HRS.		GALT		BURG					e. IS RES	DENCE
,	OR INSTITUTION	ce (ii noi in nospitoi, g	ive siteel	address)		d. STREET ADD	KE22						ON A	FARM?
	MONTGO	MERY GENER	AL HO	SPITAL		RT.	2						YES	NO N
3. 1	NAME OF DECEASED	Fire	st	Middle		Last		4. DATE		Man	th	Do	y	rear .
	Type ar print)	CORA		DAYTON	MAY	TITZWATE	R	OF DEATH		.	ULE	9		9 61
S. S	EX		7. MARR	IED NEVER MARRI		DATE OF BIRTH			9. AGE (In	years	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.
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13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN N	IAME						
)	BENJAMI	N FRANK MA	Y		30.0	AM	ANDA	SEE						
	WAS DECEASED EVER			SOCIAL SECURITY NO). 17. INFO	RMANT				Addr	ess			
(Tes	, no, or unknown) (I	f yes, give war ar dates of se	ervice)			HOSPITAL	RE	CORDS,	OLN	FY.	Mo.			
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	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY	Manth, Day, Yea	or 20d. IN	NJURY OCCURRED	20e. PLACE	OF INJURY (Han	ne, farm	, 20f. (City	ar town)			(Caunty)		(Stote)
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	21. I certify that	(1) (this hospital) attend	ed the deceased	from	ray	19	2.7.10	nicy	7	Z_, 19⊊	2 th	at (I) (we) last
-		ed alive on	ly 6	196/, and	that dec	th occurred	7.12	M, from	the cause	es an	d on th	e date	stated	above.
	220. SIGNATURE	1,0		1									221	DATE
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230	REMOVAL (Specify)	N, 23b. DATE THEREC	7.	23c. NAME OF CEM		REMATORY		23d. LOCAT					(Stot	e)
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24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	2.0			D BY REGIST			STRAR'S S			
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Montgomery Marion West Virginia MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town Bethesda 22 Days Fairview d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO The Clinical Center Route # NAME OF DATE Middle Month DECEASED RAY THOMAS FORTNEY (Type or print) DEATH July 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Male January DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

Mechanic Gas and Fuel Company West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Fortney Katherine Jones 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unkown) | (Ifyes give wer or detes of service) 236-03-6674 The Clinical Center, Bethesda ll. Maryland 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH Subdural Hemorrhage PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (e) DUE TO Thrombocytopenia Months Conditions, if any, which gave rise to immediate ceuse DUE TO (a), stating the underlying Chronic Myelocytic Leukemia 4 Years OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? YES X NO 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work [et work 19....61 to ...July...5, 1961, that (I) (we) last July 5, 1961, and that death occured at 129m, from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S The Clinical Center, National CLINE. NAME (Type) Institutes of Health, Bethesda 11, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fairview Cemetery Fairview, West Vir Burlal West Virginia ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland Miring & Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH

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TON STREET, BALTIMORE 1, MARYLAND 8174 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY by the and 2 seed death. MontgomeRy
City OR DWN (if outside corporate limits, write RURAL and give neerest town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and .= hours after Park 79Koma Pages pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENC ON A FARM YES NO papers. completel NAME OF 4. DATE Year 72 DECEASED OF (Type or print) DEATH 19 6 withir carbon AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH MARRIED NEVER MARRIED lest birthdey) death certificate be and Months WIDOWED DIVORCED event, physician гетоуе 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) attending ph Then please r = and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ! unkown) | (If yes give war or detes of service 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c) DEATH WAS CAUSED BY IMMEDIATE CAUSE DUÉ TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), stating the underlying MAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA ed by the hospital o After this certificate PERFORMED? YES NO 2De. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Dev. Yeer 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. may be retain DIRECTOR: 21. I certify that (1) (this haspital) attended the deceased from lay 196/..., and that death occured at 21th, from the causes and on the date stated above. The deceased alive on HOMATURE 22b. DATE 22e. ATTENDING MED STAFF SIGNED PHYS. PHYS. DIRECTOR M.D. HYSICIAN'S MAME (Type) Renneth F. FUNERAL ADDRESS Laughlin 23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, (Stete) TO REC'D BY REGISTRAR 256. REGISTRAR'S FUNERAL DIRECTOR' VR A15 (4) 15M 9/60

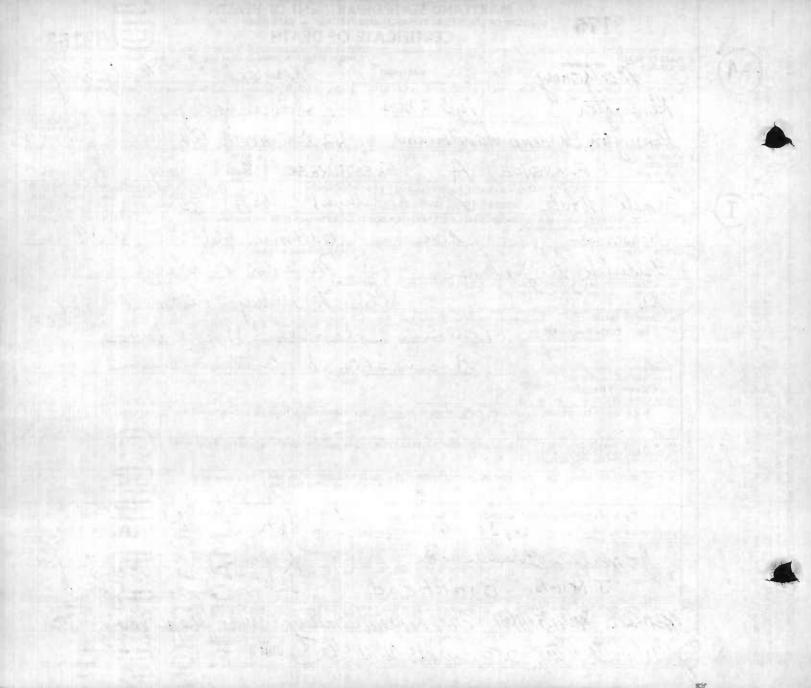
The state of the s Indian Course to the second Washington and amen Williams and the Property Hard maje white me the many the property of the court of the party of the same of the Frallman heart - Suzamy Continue 7012-5-20-107 Hill hard State State State Counces f. Lagendines Tarrier Pare the a James to Transferred at Co. of the 18 11 State & return

8175 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) direct a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If ourside corporate limits, write RURAY and give neburst town) c. CITY OR TOWN (H outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 w 2 mus Censingler d. NAME OF HOSPITAL (If nat in haspital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? anlerium YES NO TH = 5 NAME OF Middle 4. DATE Month Last Yeor filled DECEASED OF DEATH FLORENCE I-REEBURGER (Type or print) 196/ year IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE UA S. SEX B. DATE OF BIRTH Months Doys Hours DIVORCED | WIDOWED TO popers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 47. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? rusewife Lone puo c 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physici 15. WAS DECEASED EVER IN U. S. ARMED ORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO by Conditions, if ony, which gove rise to immediate per DUE TO cause (o), stoting the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? burial YES I NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. 1961, that (1) (we) last and that death occurred at 6 M, from the causes and an the date stated above saw the deceased alive an d by the IRECTOR: 22a. SIGMATURE 22b, DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22c. PHISICIAN'S 22d. ADDRESS Bankhead BURIAL CREMATION. CEMETERY OR CREMATORY NOCATION town, or county) (Stote) FUNERAL DIRECTOR'S SIGNATUL 251 REGISTRAR'S SPENATURE Sa. REC'D BY REGISTRAR '61 VR A15 (4) 15M 9/59

HOSPITA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08169 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write-C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town! P d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 20 YES NO P NAME OF Middle 4, DATE last Month Day Year DECEASED JULY DEATH Pages (Type ar print) 1961 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED 4 DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KING JOHN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Marie Wilhow CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 4 years **DUE TO** Canditians, if any, which (6) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Q. m. While Nat while at wark at wark 21. I certify that I attended the deceased from ___, 19____,that I last saw the deceased and that death occurred at 1:30 p.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S JOHN NAME (Type) 22b. DAJE THEREO 22d. LOCATION (City, tawn, ar caunty) 220. BURIAL, CREMATION, 22 NAME OF CEMETERY OR CREMATORY (State) pode REMOVAL (Specify) 0 23 NUNERAL DIRECTOR'S SIGNATURE 6. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Circling S. Thous 15M 9/55

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad livad, If institution: Rasidanca before admission) a. COUNTY Montgomery by the and 2 death. Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b writa RURAL and give neerest town) Bethesda 6 davs Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda 14. Md. 1406 Bernard Place YES NO X letel) 3. NAME OF 4. DATE Month DECEASED OF Anthony (Type or print) Mark DEATH Gallud July 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours DIVORCED December 31. WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if ratirad) Child None District of Columbia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Hans G. Gallud Elfrid Eggen aple apd 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyes giva wer or datas of sarvice) removal No The Clinical Center, Bethesda 14, Maryland None 1B. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).) signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 02 IMMEDIATE CAUSE (a) DUE TO gave risa to immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? 8 0 NO use 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Slata) factory, streat, offica bldg., atc.) While Not While Hour m.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from July July 21,19.61 from the causes and on the date stated above. saw the deceased alive on... and that death occured and 22a. SIGNATURE 22b. DATE 7/21/61 GNED ATTENDING DIRECTOR PHYS. PHYS. 90 M.D. death. Pag 22c. PHYSICIAN'S 22d. The SClinical Center. National Institutes NAME (Type JAMES D. PROKOP, MD of Health, Bethesda 14, Maryland rector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) J. D. ip 7/24/61 Burial Parklawn Rockville, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home- 1331 E. Montg. Ave. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 ·Rockville, Maryland

The law requires that the death certificate

RYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNT Page e. STATE b. COUNTY Health, files. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOW earest town) director. your (if not in hospital, give freet eddress) e. IS RESIDENCE ON A FARM? retained State YES NO 3 to the fune death. NAME OF Middla Day DECEASED OF with the (Type or print) DEATH 1961 90 AGE (In years IF UNDER 1 YEAR Months Days 5. SEX 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5 m. and 2 w. 2 hours 2 wit and WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY Page est of working life, even if retired) 18. Give Pages File pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN IDA V. WISE form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawerordatasofservica) permit. with 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IEDICAL EXAMINER: This certificate should be executed in pencil in Item Clarksburg INTERVAL BETWEEN 2 ONSET AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: and ormany IMMEDIATE CAUSE (a) DUE TO removal Conditions, if any, which (b) "pending" gave rise to immediata cause m Examiner's DUE TO (a), stating the underlying 98 0 nsed cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 the word cremat YES NO Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 WEDICAL to the Cnr. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) 0 Not While Hour a.m. While prior at work at work 19 the certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 24 Inquiry X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE. DEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT NAME (Type) Address (Streat, city, town, or county) please 4 should O FUN 22a. BURIAL, CHEMATION 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) JULY 24. 1961 Md. Monocacy Cemetery Mont gome ry 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Georgia Ave JUL 25 arthur S. Mraca VS. A15ME Silver Spring. Md. 5M 9/60 DATE

LAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) PLACE OF DEATH b. COUNTY Montgomery COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL and give neerest town) write RURAL end give neerest town) Bethesda 17 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 25 East Wayne Avenue The Clinical Center. Bethesda 14. Md. YES NO 3. NAME OF 4. DATE Month Day Year DECEASED Catherine Stella (Type or print) Golden DEATH July 15 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR DATE OF BIRTH 1906 IF UNDER 24 HRS. ast birthdey) Months Female White WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife Pennsylvania None U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McAleese Mary M. Whalen 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or detes of service) 16. SOCIAL SECURITY NO. The Clinical Center, Bethesda 14, Maryland None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONS THE NEW THE NO PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular Failure DUE TO 14 Days Staphlococcal Pneumonia Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying 8 Months Carcinoma Of Post Pharynx PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? NO . 2De, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 61 to July 15 June 28 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. July 15 1961, and that death occured at 1:10PM om the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED Winter, III Morre DIRECTOR PHYS. PHYS. The Clinical Center, National 22d. ADDRESS Thorne S. Winter, III Institutes of Health, Bethesda 14, Md. director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) New Cathedral Cemetery ransit-Burial 7/19/61 Philadelphi, Pennsylvania 8434 Georgia Avenue 256. REC'D BY REGISTRES SILVER Spring, Maryland DATE JUL 1 9'61 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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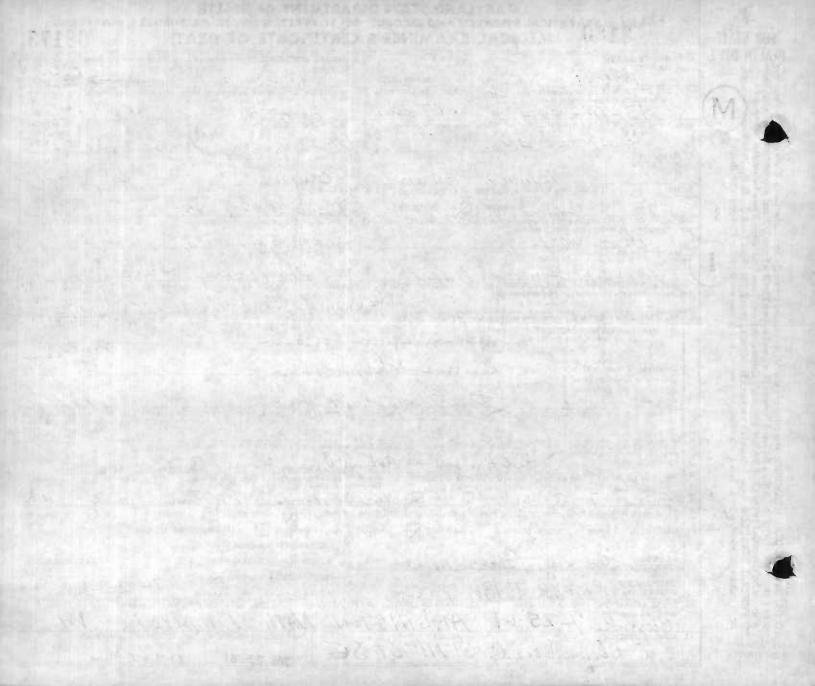
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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give/nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO UEEN 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) 196 9 AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH. IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Deys Hours WIDOWED 5 DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House wite KAWANNA page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jude DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE ATED TO THE TEMMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUX PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Od. INJURY OCCURRED & 200. LACE OF INJURY (Home form, ! 20f. (City or town) Month, Dey, Year (County) (State) factory, street, office bldg., etc.) at work at work 1961 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry 20 6 and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for DEPUTY MEDICAL EXAMINER isep NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 240 g 23. FUNERAL DIRECTOR REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Citture 9 House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 08174 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Annarundel c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Manth Day Year July 30 19 61 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? United States Holler Address Brooms Island, Md. INTERVAL BETWEEN WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 19 (c) that (1) two lost and that death occurred of the from the couses and on the dote stoted obove 23d. LOCATION (City, tawn, ar county) Allegheny Co., Pennsylvania 25b. REGISTRAR'S SIGNATURE arthur & Kraus Glen Burnie, Md.

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TO HOSPITUL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Part and by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate been signed by the attending physician and completely and in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

NIVISION OF STATISTICAL 8182	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTICERTIFICATE OF DEATH	IMORE 1, MARYLAND
E OF DEATH	2. USUAL RESIDENCE (Whare deceased live	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution, Ra	sidance bafora admission)
Montgomery Maryland	o. STATE District of Columbia	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarast lown)
Bethesda (Rural) 98 days	Washington 47x	. 3
d. NAME OF HOSPITALOR INSTITUTION (if not in hospital give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
n. 1. hal llah.	230 Nicholson St. N. E.	YES NO X
3. NAME OF First Mydla	Last 4. DATE Month	Day Year
	damor DEATH July 11	19 61
1. MARKED WITH MARKED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y last birthday) Months Di	
Male Malayan WIDOWED DIVORCED	7-25-08 S2 yrs. Months Da	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST		EN OF WHAT COUNTRY
dona during most of working life, even if ratirad)	Monilo PT	USA
U. S. NAVY	Manila, P.I.	UDA
10. Tallier a traine		
Pio GUADAMOR	Marciana PENALOZA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, po, or unkown) (Ifyasgivewarordatasofsarvice)	INFORMANT Address	
Yes WWII 113-22-2558 (W) Mrs. Marie G. Guadamor Same as	# 2 above
1B. CRUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Carcinoma lung, I	netastatic	6 Vrs.
		7
DUE TO		
Conditions, if any, which gave rise to immediate cause (b)		
(a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(e) 19. WAS AUTOPSY PERFORMED?
TY CONTRACTOR OF THE CONTRACTO		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Part II of itam 18.)	
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (Count	ty) (Stata)
Hour a.m. Whila Not Whila fac	ctory, street, office bldg., etc.)	(0.0.0)
21. I certify that XI) (this hospital) attended the deceased from	April 4, 19.61 to July 11, 19.6	1, that (we) las
saw the deceased alive on. July 11		
22a. SIGNATURE		22b. DATE
Y. C. Male tree	M.D. PHYS. DIRECTOR PHYS.	-12-61 SIGNE
22c. PHYSICIAN'S	22d. ADDRESS	11 01
NAME (Type) J. E. STITCHER, LT MC USN	U. S. Naval Hospital, Bethes	sda. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	/	
REMOVAL (Specify) Burial July 14, 1961 Arlington Na		irginia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASh	C 258. REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
Huntemann Funeral Home, 5732 Georgia Ave		Time

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TO MARK CONTRACTOR (V) Mrs. Morte C. Compung Come on E 2 woode

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission) . COUNTY Page files. MARYLAND c. LENGTH OF STAY IN 16 de corporate lim write RURAL and give nearest town) ITIUTION (if not In hospital, give street address) d. STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? State YES NO DATE NAME OF DECEASED OF (Type or print) DEATH 196 affe AGE (In years ! IF UNDER I YEAR IF UNDER 24 HRS. . MARRIED NEVER MARRIED d 2 wi st bythday) Months WIDOWED DIVORCED YES. 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) Pages pages PM3. 14. MOTHER'S MAIDEN IN U.S. ARMED FORCES? Address (Yes, no, or unkown) I (If yas give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause par lina for (a), (b), and (c), l PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office DUE TO burial-Conditions, if eny, which (b) gove rise to immediate cause 60 DUE TO (e), steting the underlying Se causa last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe cremat execute the certificate, writing the word NO plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 to the Chie 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Yaar 20f. (City or town) (County) (State) While factory, street, office bldg., atc.) Hour e.m. Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 🖌 and in my opinion should be forwarded FUNERAL DIRECT Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I VS. A15ME arthur S. Kraus 5M 9/60

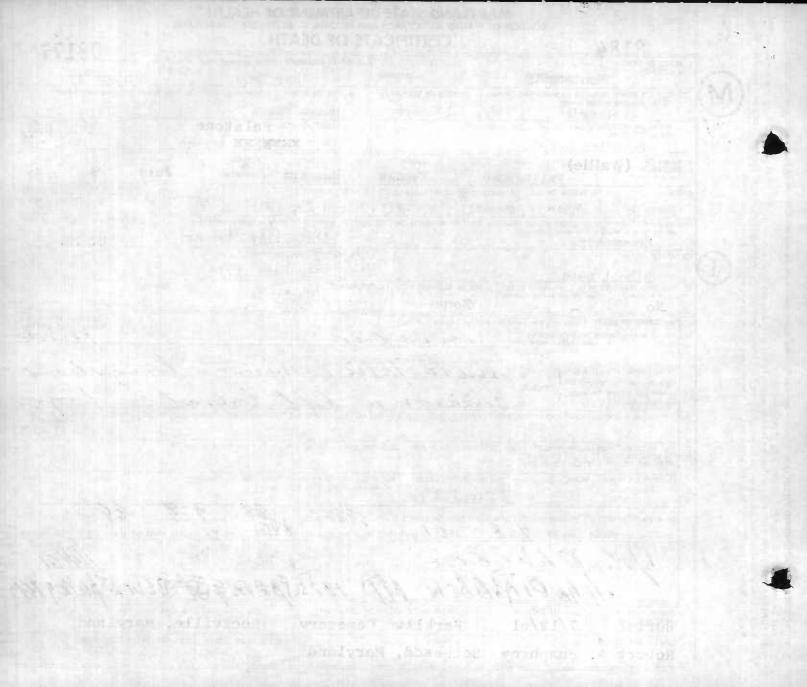
COLD ENGINEE Bennard Bird and Ry I Jone - 34 Pt - 14 Forge of the land TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be remarked by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

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MARYLAND	STATE	DEPA	ARTMEN	T OF	HEAL	TH
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กา	DIVIS	ION OF	CERTIFICAL RESEARCH	AND RECORDS — BA		MARYLAND		0	7 4 77 79
1. PLACE OF DEATH	Montgomery		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decear	sed lived. If instit b. COUN	TY	nce before	
b. CITY OR TOW	'N (If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porate limits, write			
500	ethesda		13 days	Chevy C	hareo		51	2	
d. NAME OF HO OR INSTITUTION	OSPITAL (If not in hospital, g			d. STREET ADDRE				, .	IS RESIDENCE ON A FARM? YES NO
	Wallia) Fi		Middle	Last	4. DATE		lonth	Day	
3. NAME OF DECEASED (Type or print)	Wallie) Fi		77	Haggard	OF	н ј	July	9	1961
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year		R 1 YEAR	Hours Min.
Female	White	WIDOWE	DIVORCED	March 21,	1901	/ / /	rs.	Days	riours Min.
during most of	ATION (Give kind of work working life, even if retired maker	done 10b.	KIND OF BUSINESS OR IND		State or foreign		12. CIT	U.S	WHAT COUNTRY
13. FATHER'S NAME		1		14. MOTHER'S MAIL	DEN NAME				
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	EVER IN U. S. ARMED FOR		None H	INFORMANT (Hust	rd)	A	As al	DOVA	
gove rise t couse (o), stot lying couse l		1-00	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	t Ly	eust ASE CONDITION	GIVEN IN PA	RT 1(o) 15	WAS AUTOPS PERFORMED? YES NO P
OR CONTRIBUT	TWAS UNDERLYING [] FING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ry in Port I or P	ort II of item 18.)			
Hour o.	NJURY Month, Doy, Ye m. m.	20d, II While of wor	Not while f	PLACE OF INJURY (Home octory, street, affice bldg	, form, 20f. (C	ity or town)		(County)	(Stot
	ceased alive on	l) attend	led the deceased fram1966/, and that	death occurred of		n the causes			
22c. PHYSICIAN NAME (Typ 23a. BURIAL, CREM.	2/0/NOI	Roll	SEN M	22d. ADDRESS 10/5J	prin	GJJJ ATION (City, tow	LUE	Spa	C/NG NO
Burial	7/12/6		Parklawn	Cemetery	Roc	kville,	Mary	land	1
Robert	1	ey	Bethesda, M		REC'D 8Y REG	1 '61 25b. Rf	GISTRAR'S S	S. Tu	au A



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Fig. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

after death. Page 4

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TO HOSPITA

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TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH pluods 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before adm 1. PLACE OF DEATH a. COUNTY b. COUNTY DNI MARYLAND the day c. CITY OR TOWN (If outside corpetate limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside comprate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 deat PY Pages 1 ar hours after 10 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street additions) d. STREET ADDRESS ON A FARM? NO S Da n YES Tox completely papers. NAME OF 4. DATE Month Day First Widdla Year 72 DECEASED OF DEATH (Typa or print) aude 19 2 and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED DIVORCED yrs. event, physician remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) USE attending ph Then please r 13. FATHER'S NAME MOTHER'S MAIDEN .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Ad dress removal, (Yas, no. or unkown) | (If yes biva war or dates of servica) Cord S ian. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH signed by aftending physic IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) ed by the hospital or attendin After this certificate has been gava rise to immediata causa DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? 98 0 NO I use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING I for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) may be recommended in DIRECTOR: After this DIRECTOR. A be detached if 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, (Stata) 20c. TIME OF INJURY Month, Day, Year 20f. (Cily or town) (County) factory, streat, office bldg., atc.) Whila Not While Hour a.m. at work at work 25 , 19.6.1, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19.k./..., and that death occurred atp.M., from the callses and on the date stated above. saw the deceased alive on. 22b. DATE ATTENDING MED. SIGNED PHYS. DIRECTOR FUNERAL 22d. ADDRESS PHYSICIAN director, (Stata) CEMETERY OR 23d. KOCATION (City, town or county) death. 23a, BURIAL, CREMATION, | 23b. OL 256. REGISTRAR'S SIGNATURE ADDRESS CTOR'S SHOW DIE VR A15 (4) arthur S. Thous 15M 9/60

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OF HEALTH

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AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 9 & 14 Film G USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH b. COUNTY ONTGOMERY MARYLAND CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) KOMA TARK AKOMA d., NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS Months 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CARLOADING TRAFFIC MGR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: del. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO 95 (e), steting the underlying ö ould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical should by Cornery deser NO V 2DB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING IN CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Part II of item 18.) Chief 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While et work et work prior forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X and in my opinion death resulted from: Natural causes ... Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be for DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22 NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 940 23 FUNERAL DIRECTOR 240 REC'D BY REGISTRAR 1/2/46. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 '61 DATE Circhan &

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MARYLAND STATE DEPARTMENT OF HEALT

DIVISION	ALSTATISTICAL RES	EARCH AND RECORDS			T, BALTIMOI	RE 1, MARY	LAND	-
	52.00	CERTIFICAT	E OF DEAT	н		0	2121	
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	if outside corporata limits,	c. LENGTH OF STAY IN 1b			orporate limits, writa	RURAL and giva	nearast town)	
write RURAL and	give nearest town)							
	Rural)	1 day	Jackson d. STREET ADDRES				a. IS RESID	ENCI
d. NAME OF HOSFI	TAL OR INSTITUTION (if not in	nospital, give street address;	d. SIREEI ADDRES	33	1	CV 2	ON A F	
. S. Naval			6747 Wa	toma St		0.1	YES NO	
. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year	
(Type or print)	Doris		Hawes	DEAT	H July I	1.9	19 6	1
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24	0000
3		WED DIVORCED	T-1 01 10	01.	last birthday)	Months Days	Hours /	Min.
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done during most of wo	orking life, even if retired)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ousewife			Georgia			USA	1	
3. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
ames R. Vic	ckery		Zora Jon	iel			9.00	
	/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
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	DEATH [Enter only one cause p						TERVAL BETWE	
PART I. DEAT	H WAS CAUSED BY:	Rupiralary o	listructio	77/		Of	2 WKS	
12.3	IMMEDIATE CAUSE (a)	The state of the	appacer	-			00/0	
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Conditions, if any	\"I	Municipal	norma, el	roncue	ozinic			3 '
(a), stating the u	DI DI I DI I							
cause last.) (c)							
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS AUT	
Ž							YES TE NO	
20a. ACCIDENT W		DESCRIBE HOW INJURY OCCURE	D. (Enter nature of Injury	in Part I or Par	t II of item 18.)			
	MEDICAL EXAMINER							
	1	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	farm. ' 20f. (C	City or town)	(County)	(Sta	ite)
20c. TIME OF INJU	W	/hileNot Whila fa	ctory, street, office bldg.,		,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The second second	17	work at work		1				
21. I certify i		tended the deceased from						
saw the decea	sed alive on July	19 1961 , and the	at death occured at	1:05, 50	om the causes	and on the d	ate stated a	bov
22a, SIGNATURE	0							ATE
9////	Mulhio		M.D. PHYS.	MED. DIRECTOR	PHYS.	Ju		19
22c. PHYSICIAN'S	rung		22d. ADDRESS			342		
NAME (Type	R.W. MACKIE C	APT MC, USN	U.S.	Naval F	Hospital,	Bethesda	a. Md.	
PURILL CREATE		23c. NAME OF CEMETERY			CATION (City, toy		(State	,
REMOVAL (Specify)	TON, 23b. DATE THEREOF							
Downsol Chin	77 [[[] hardware	1061 Edgewater	Tranatamar	Net	Smyrna	B1 (arida	

256. REGISTRAR'S SIGNATURE CILLING S. Kraus

REC'D BY REGISTRAR

25a.

DATE

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages, may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE TYSON Wheeler Rockville, Md.

U. S. Harris Hespital ankanauno elema June B. Violety THE THE Mispersonal of the Shice Succession AND THE RESERVE OF THE PARTY OF All Abbrevial Issigned Level B. S. May I Herpital Records, M. H. Birth - Shipe ont 20 July 1981. Michaels Demensty | Jaw Biyens noon wheeler debreis, bit.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTHLDERT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Montgomery
b. CITY OF TOWN (if outside corporate limits, MARYLAND Montgomery Maryland rector. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3204 Woodbine Street 3204 Woodbine Street refained he State 3. NAME OF Middla DATE es 1, 2, and 3 to the i Page 5 may be rela s 1 and 2 with the 5 n 72 hours after dee DECEASED OF HITT (Type or print) Anna DEATH July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yaers | IF UNDER 1 YEAR lest birthday) Aug. 31, 1874 WIDOWED A DIVORCED Female 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Housewife Kentucky pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nichols G. Daub Caroline Daub 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) along with fransit permit Caroline Arnold-Same Item #2-daughter None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Respiratory failure " in pencil i Office alon burial-trans IMMEDIATE CAUSE (a) DUE TO Cerebral vascular accident Conditions, if any, which d "pending" i Examiner's C se used as a b gava rise to immedieta causa DUE TO (a), stating the underlying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20 Fracture of right hip (4 months) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) writing the very chief Media Page 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) factory, street, office bldg., atc.) While Not While at work at work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL its designate RAL DEPUTY MEDICAL EXAMINER Frank & Broschart July 12, 1961 NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 7/12/1961 Valley of Rest Cem. 240 g Bur-trans. LaGrange, Kentucky 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Robert A. Pumphrey Bethesda, Maryland PATE JUL 1 3 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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e. IS RESIDENCE ON A FARM

YES NO

IF UNDER 24 HRS.

ONSET AND DEATH

36 hours

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and in my opinion

DATE SIGNED

(State)

PERFORMED?

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Aug. 31, 1878 86 19 11

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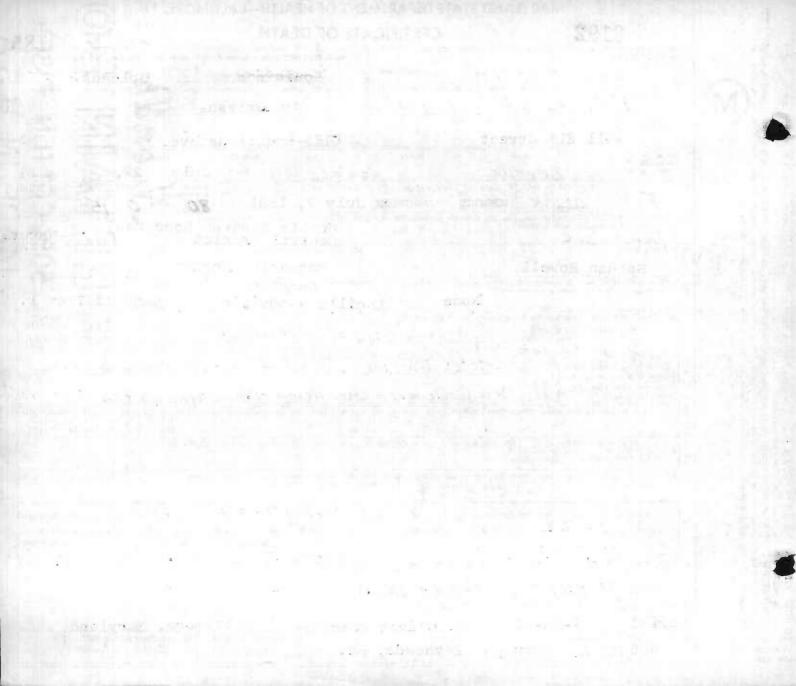
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The law requires that the death certificate be executed within 24 AAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{7}{2} \in \text{Lotter}\$ death. Page may be retained by the hospital or attending physician.

\$\frac{7}{2} \in \text{TO FUNERAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and completely mined in by the funeral of increases a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaft.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
8193	CERTIFICATE OF DEATH	0.0

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission before admission) a. STATE b. COUNTY DISTRICT OF COLUMBIA c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Washington d. STREET ADDRESS 2715 Ordway Street, N.W. Last 4. DATE ON A FARMY YES NO X HOYT DATE OF BIRTH 19. AGE (In years last birthday) Last PORT OF DEATH JULY 10. DATE OF BIRTH 11. BIRTHPLACE (County & State, or foreign country) California 14. MOTHER'S MAIDEN NAME GEORGIANNA EDWARDS NFORMANT HOSPITAL RECORDS NFORMANT Address INTERVAL BETWEEN ONSET AND DEATH
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HOYT DEATH July 16 1961 DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH P. AGE (In years let Under 1 YEAR IF UNDER 24 HRS. let birthday) Months Days Hours Min. 11. BIRTHPLACE (County & State, or foreign country) California USA 14. MOTHER'S MAIDEN NAME GEORGIANNA EDWARDS NFORMANT Address HOSPITAL RECORDS NFORMANT Address ONSET AND DEATH OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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death occured al.2:04. From the causes and on the date stated above.
ATTENDING MED. STAFF July 17, 1961
U. S. Naval Hospital, Bethesda, Md.
or CREMATORY 23d. LOCATION (City, fown or county) (State) tional Arlington, Virginia
D.C. DATE JUL 1 9 '61 Carily B. Thrus
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8195

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		COUNTY	Les meso.		MARYLAND	2. USUAL RESI	DENCE (Where dec	eased lived. If in:		ence before admis	sion)
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11			AL (If not in hospital, gi	ve street oddress)		d. STREET	ADDRESS			e. IS RES	SIDENCE FARM?
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	{Yes,	NO. or unknown)	if yes, give war or dates of se	714-28	-1702m	vs Mana	EILS/E	382	5LIVIN	gstowst	NW
	T	18. CAUSE OF DEA	TH [Enter only one cou	per line for (o),	(b), ord (c).]	1	100	1		INTERVAL BE	ETWEEN
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1	CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	206. DESCRIBE HOV	W INJURY OCCURR	ED. (Enter nature	of injury in Port I o	r Port II of item II	B.)		
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		21. I certify that	(I) (this hatpital)	(attended the	degeased fram	July	D. 12 D.	July of	15 19	O_, that (1) ((we) last
		saw the decease	ed alive an	1/15/19	61 and that	death accurre	d at M, fr	am fae cause	and an th	he date stated	abave.
		220 NGNATURE	ex 12,0	reals or	2	M.D. ATTENDIN	MED.	STAFF PHYS.	700	115162	b. DATE SIGNED
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	00	- 0	KONGE !	TI COL	TO K	1	UNO	MAGIN	2-10-1	3 0/1	
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EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY necessary, ector. Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) wate RURAL and give represt town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ediress) e. IS RESIDENCE ON A FARM? retained he State YES NO NAME OF Middle DECEASED OF (Type or print DEATH JULY 28 19 61 aff with 5. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED W DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY thin 24 hours after Give Pages 1, 2, orm PM3. Page BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) pages Wiraum 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. AKMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) e along with t 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alon burial-trans IMMEDIATE CAUSE (a) removal DUE TO 0 Conditions, if eny, which (b) geve rise to immediate ceuse Ø DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION cremati PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, form, ! 20f. (City or town) (County) (Stete) While Not While factory, street, office bldg., etc.) Hour a.m. prior at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 1 and in my opinion forwarded to DIRECTO death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER should NAME (Type) DEPL Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) REMOVAL (Specify) 0 040 g Arlington National Cemetery Burial 23. FUNERAL DIRECTOR Walmond VS. A15ME Inc. 8434 Georgia Ave. Warner E. Pumphrey. 5M 9/60 arthur & Krous S. S., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY MONTO	GOMERY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	MONTGOMERY	
b. CITY OR TOWN (If autside cor RURAL ond give nearest town) SILVER SPRING	porote limits, write c. LENC	ork. 2 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING			
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospitol, give street oddress)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
503 - C SOUTHAN	APTON DRIVE		503 - C SOUTHAMPTON DRIVE YES NO IX			
3. NAME OF DECEASED (Type or print) MARY	First KATHERINE JACK	Middle SON	Last	4. DATE Month OF DEATH JULY 1	Day Year 19 61	
S. SEX 6. COLOR	OR RACE 7. MARRIED N	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.	
FEMALE WHITE	WIDOWED	DIVORCED [DEC. 31, 1882	last birthdoy) 78 yrs.	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kin		BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote o	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
during most of working life, eve	OWN	HOMR	PENNA.		U. S. A.	
13. FATHER'S NAME		210143	14. MOTHER'S MAIDEN NA	AME	0.00	
ALEXANDER MARKEY			SUSAN F. N	METZ		
15. WAS DECEASED EVER IN U. S. A		SECURITY NO. 17.	NFORMANT	Addre	ss	
	r or dates of service)	MI	C CADT T CAN	NDERSON, JR. SA	AME AS 2.D	
1B. CAUSE OF DEATH Enter of	NONE		S. CARL I. SAL	NDERSON, JR. SI	INTERVAL BETWEEN	
PART I. DEATH WAS CA	/ // /.	IN harmin	Calan A 1/1	VALXNOGE	ONSET AND DEATH	
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Conditions, if any, which	(b) /////	VINITIELL	- 1 - 00/ 10/ 1/ 100	oral Marie	11 11-110	
couse (o), stoting the under-	DUE TO LALME	XIR-U	MA OLAYE	Haxion-C	6ma 3. mos	
MIADE INTO CATIO	EXE 1/1/2	TING OF DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition give	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO	
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	ING OF DEATH KAMINER) 20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of injury in Pe	ort I or Port tl of item 1B.)		
20c. TIME OF INJURY Month, Hour o. m.		CCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f (City or town)	(State)	
Hour o.m.		t while work	ctory, street, office bldg., etc.)	THENO MILLE	. Usad 11, 28 m	
	hanilah assaudad sha	J	0401 12 19.	59 11119 40	10 /a/ share (1) / 1 / 1	
21. I certify that (1) (this	1/1/5/1/1/ 9/	1.1	1 700	0/10/	, 19, that (I) (we) last	
saw the deceased alive	an 7:211 6 14 14	-4. and that o	death accurred at	M; from the causes and	d an the date stated above.	
1100000	TEGUENN.	1114	M.D. ATTENDING ME DIR	D. STAFF	\$10.00 SIGNED	
22c. PHYSICIAN'S NAME (Type) THOMA	S F. QUINN		501-B30	uthampten	Dr. Oiles Spine	
	ATE THEREOF 23c. N.	AME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or	county) (State)	
BURIAL JUL		GROVE CEM	ETERY U	NI ONTOWN, FAYET	TE CO. PENNA.	
WARNER E. PUMPHI	REY, INC., SILV	ER SPRING,	MD . 250. REC'D		TRAR'S SIGNATURE	
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TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Rasidenca before admission) a. COUNTY b. COUNTY IN a No Tatime R VIEW NO TO TO INTER MARYLAND b. CITY OR TOWN (if butside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HE 51)14 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED OF (Typa or print) DEATH 19 6 / AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED DO last birthday) WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? attending physician Then please remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if ratired) Jacobsen Florist 40K1 3. FATHER'S NAME end Then EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 NO P prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar DIRECTOR: After 3 should be detach factory, streat, office bldg., etc.) Not Whila Whila Hour a.m. at work at work p.m 19. , that (I) (we) last 21. i certify that (1) (this hospital) attended the deceased from. M, from the causes and on the date stated above. saw the deceased alive on. ..., and that death occured a... 22b. DATE SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. FUNEKAL page 22c. PHYSICIAN'S ADDRESS Montgomery Ave. Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Steta) Burial (Spacify) Di p 2 29/61 Cedar Hill Cemetery Prince Georges Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey Bethesda, Maryland aring S. Kraus 15M 9/60 DATELL 3 1 '61

death certificate

DEPARTMENT OF HEALTH

-Owner Thuchsen Piorist The state of the s 1 / 1 / 2 / 2 / 2 / 2 / 4530 Montgomery Ave. Behaude, Md. Buried 7/29/61 Cedar HIL Cemetery Frince George's Marriand

Robert A. Lumphrey Bethesda, Maryland -- Warter Communication

1/20/61

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomerv MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. Pag in 72 hours 8719 YES NO Tree Road Burning Tree NAME OF Middle 4. DATE Vear molete DECEASED OF DEATH (Type or print) 20 1961 July 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) and à Months Hours Male WIDOWED DIVORCED Feb. 189 event, Then please remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working lifa, even if retired) Education Holland Naturalized School Director 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= ple Unknown Ilnknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give war or dates of service) oval Elizabeth B. Janssen-Wife-same 2d 577-38-9984 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: STOMACH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 3 certifi prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) While Not While Hour a.m. X ö at work at work 19 21. I certify that (1) (this hospital) attended the deceased from......1961..., and that death occured at \$250,40 from the causes and on the date stated above. saw the deceased alive on... IRE 22b. DATE DIR 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. FUNERAL ADDRESS 22d. 22c. PHYSICIAN'S ector, Peli 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) の音器 Parklawn Cemeterv Rockville Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Maryland Pumphrey Chilling S. Thous 15M 9/60

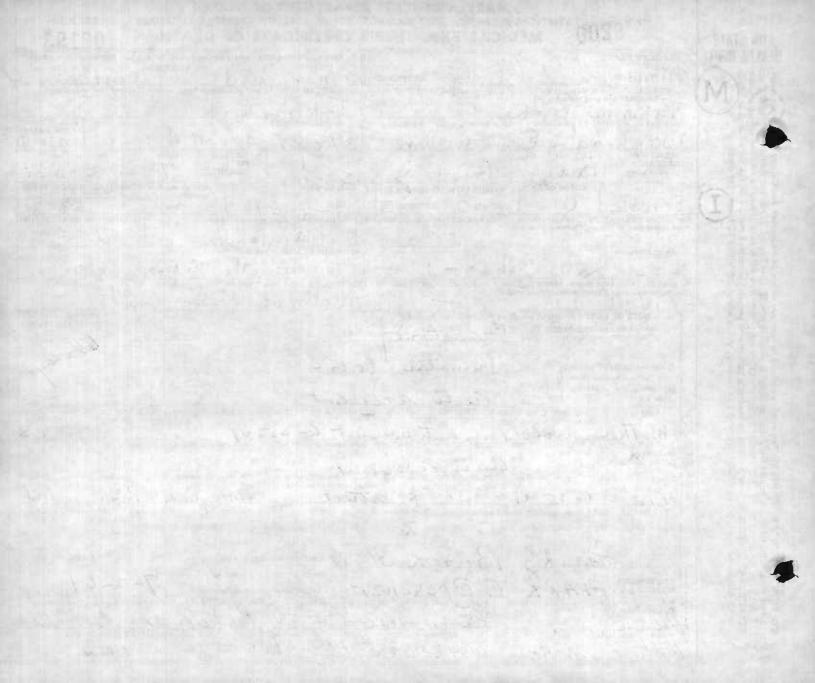
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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08193
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Res	sidence before admission)
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MESS	Montgomery County MARYLAND Maryland Mon	+ gomes
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DICA e certif arded IRECT agent,	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
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AND STATE DEPARTMENT OF HEALTH Division A STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S C ERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacased lived, If institution, Rasidance before admission) a. COUNTY b. COUNTY MONTGOMERY MONTGOMERY MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ector. write RURAL and give nearest town) ŏ ROCKVILLE 13 HOURS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? MONTGOMERY GENERAL HOSPITAL 4105 MUNCASTER MILL ROAD YES NO X Staf NAME OF First 4. DATE Middla Month Day Year DECEASED the JULY (Type or print) LAMRENCE JOHNSON DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 45 birthday) Months MALE NEGRO JUNE 30, 1916 WIDOWED DIVORCEO T 10a. USUAL OCCUPATION (Giva kind of work 10b. KINO OF BUSINESS OR INOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) MARYLAND UNITED STATES CLERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH FRANCIS HAMMOND MILTON JOSEPH JOHNSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no. or unkown) | (If yes give war or datas of servica) HOSPITAL RECORDS, OLNEY, MARYLAND 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH enontrye & locuation PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burialgava risa to immadiata causa **OUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DISCRIBE HOW INJURY OCCURED. (Enter nature of injury In O 20b. Acertificate, w. de Chier and to the Chier and to the Chier and to the Chier and the Chief and the C MEDICAL 20d. IN URY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Not While 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion EDICAL forwarded to DIRECTO death resulted from: Natural causes Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should ! PUNE NAME (Typa) Addrass (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. 22d. LOCATION (City, town, or country) (Stata) Mt. Pleasant .. 0 940 Norbeck. Mi. ADDRESS 24a. REC'O BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Rookville. Md. 5M 7/59 DATE 1 3 '61 athur 9 to

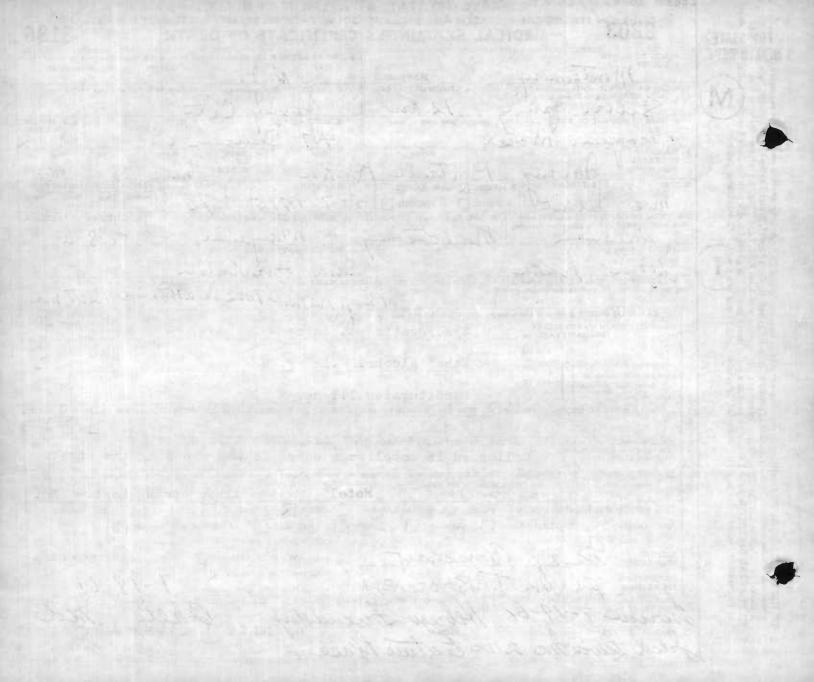
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corpet c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. Arite RURAL end give nearest (wn) Your de d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edgrass) . IS RESIDENCE ON A FARM? retained he State E YES NO 3. NAME OF Middla death. If and 3 to the f DECEASED the (Type or print) 194 Pe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 9. AGE Un yours IF UNDER 1 YEAR IF UNDER 24 HRS. PM3. Page 5 may be pages 1, and 2 with last birthday) | Months Days Hours and WIDOWE 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS done during most of working fife, even if retired) 24 hc. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give 1 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) | (If yes give wat or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN Office along burial-transit BART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) DUE TO should Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying Examiner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 99 NO U pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: Chief age 3 to buri 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (Stete) to the Chr. fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work prior sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: AL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) DEP 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₽40 p Mt. Auburn Cem Baltimore. Md. 7-26-61 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIBECTO ADDRESS JUL 2 7 '61 VS. AISME arthur S. Thrus 5M 9/60

STATE DEPARTMENT OF HEALTH

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CH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased livad, If Institution: Rasidence before edmission) a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOW c. LENGTH OF STAY IN 1b c. CITY OR TOWN (life staids corporate limits, write RURAL end give neerest town) director. and give hearest toyen) in hospital, giva street addrass) d. STREET ADDRES e. IS RESIDENCE ON A FARM? retained he State E YES NO NAME OF Middle DATE OF (Type or print) DEATH 1961 with 5. SEX HF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page s 1 an done during most of working life, even if retired) Pages 1 File pages 1 MOTHER'S MAIDEN NAME form PM3 Bery, Kahn - 7002 Park Hts. Cus. Bells md 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH [Entar only one causa par line for (a), (b), end (c),] INTERVAL BETWEEN I-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Synergestic poisoning in pencil IMMEDIATE CAUSE (a) Office DUE TO burial removal, Ethel alcohol 0.12 mg. % Conditions, if any, which "pending" 50 gava rise to immediata cause DUE TO (a), stating the underlying as Barbiturates 1.1 mg. cause last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 8 PERFORMED? execute the certificate, writing the word Medical YES K NO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of ilam 18.) should be forwarded to the Chief Iwa-should be forwarded to the Chief Iwa-should be forwarded to the Sho erneral DIRECTOR: Page 3 sho PRIMARY Or CONTRIBUTING Collapsed in motel room where he was spending the night. CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 Month, Day, Yaar 20f. (City or town) (County) (State) factory, street, offica bldg., atc.) Hour a.m. While Not While Silver Spring Mont. at work Motel at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry [and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner | X Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 22d. LOCATION (Gyy, lown, or country) (State) EMOVAL (Spacify) 240 % 24a RECHETRARI VS. AISME Chillian . F. Thrank 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 8204 RTIFICATE OF DEATH 2. USUAL RESIDENCE Where deceased lived. If institution: Residence before 9 director PLACE OF DEATH o. COUNTY filed COUNTY Tack The MARYLAND b. CITY OR TOWN (If outside consorote limits, write a c. LENGTH OF STAY IN 1b be c. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 3rd should d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3000The meskin YES NO T .= NAME OF 4. DATE Month Doy Yeor DECEASED DEATH (Type or print) 196 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days DIVORCED | WIDOWED -Má. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) pup ouse. eeper Lome 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rest Mome Records INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure DUE TO arterio relevatic cardio vasa clisas Canditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur a. m. While Not while at work ot work p. m. 1959 to July 25 21. I certify that (I) (this haspital) attended the deceased fram_ _, 196(_, that (I) (we) last July 15 1961, and that death accurred a 18,15 PM, from the causes and an the date stated above. saw the deceased alive an by the 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS BTTMAN NAME (Type) FUNERAL I 401 Servedy es 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) George Washington Cem Prince Georges County Md 0 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR arthur S. Kings 1SM 9/59

LAND STATE DEPARTMENT OF HEALTH

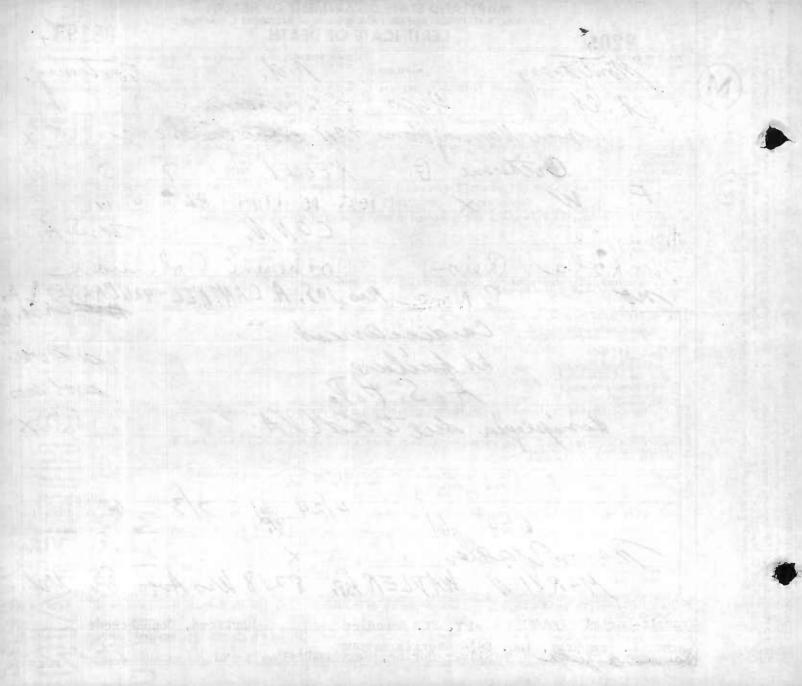
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CERTIFICATE OF DEATH l director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate Minits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside corgorate limits, write RURAL and give nearest tawn) RURAL and give nearest town) PIO d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X NAME OF Middle 4. DATE Manth Day Year DECEASED DEATH (Type ar print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE on bisthday) Haurs DIVORCED WIDOWED N a 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fergion country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT O ottendin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO þ Canditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? buriol NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) S 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, | 20f. (City ar tawn) 20d. INJURY OCCURRED (County) (State) use to b factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an , and that death accurred at X/2.M, from the causes and on the date stated above RECTOR 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, tawn, ar caunty) NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Transit-burial 7/8/61 MT. St. Benedict Hartford Connecticut 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR arner E. Pumphrev 34 Georgia Avenue Inc. ring, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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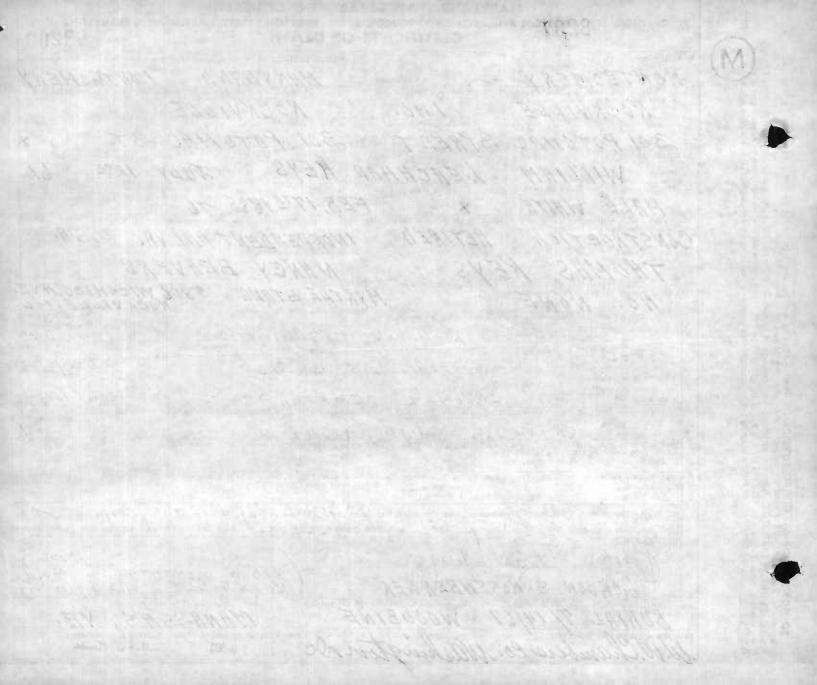
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) E Pages hours aft e. IS RESIDENCE ON A FARM? YES NO papers. completely 3. NAME OF DATE DECEASED OF (Type or print) DEATH and cor 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) WIDOWED X physician гетоме 12. CITIZEN OF WHAT COUNTRY? ā ARMED FORCES? 1 6. SOCIAL SECURITY NO. I war or dates of service) OCKVILLE 191 [Enter only one couse per line for (e), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) b. COUNTY the d MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town = NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENC ON A FARM hours YES NO completely NAME OF 4. DATE Month Day 72 DECEASED OF DEATH 19 6 6. COLOR OR RACE | 7. MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthdey) and Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please signed by the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unkown) (If yes give wer or detes of service oval, M. KRONEE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve risa to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19, WAS AUTOPSY certificate PERFORMED? as 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) NO use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While Hour a.m. While el work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from. 196. , and that death occured all 30. M, from the causes and on the date stated above. saw the deceased alive on...... OR may 22a. SIGNATURE ATTENDING SIGNED 4 PHYS. DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) WASHINGTON - DC. WASHINGTON HEBREW CONG CEM. 0 BURIAL FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 arthur & Trans

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Whara decaasad lived, If instit	ution: Residence bafore edmission
a. COUNTY		e. STATE b. COUNTY	
Montgomery	MARYLAND		iontgomery
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	o, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RU	RAL end give nearast town)
Cabin John		Cabin John	
d. NAME OF HOSPITAL OR INSTITUTION (if n	ot In hospital, giva street address)	d. STREET ADDRESS	e. IS RESIDEN
		1	ON A FARA
6521-75th Street	1000	6521-75th Street	YES NO
NAME OF First DECEASED	Middle	Last 4. DATE Month	Day Year
(Typa or print) MARGA	re/ B.	KUSTER DEATH July	31 19 61
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 18	DATE OF SIRTH 9. AGE (In years IF U	
		last birthday) Mg	nths Days Hours Min.
TEMATE MITTE	WIDOWED NORCED	August 31,1896 64 yrs. 11	LIUI
a. USUAL OCCUPATION (Giva kind of work on a during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	11. 8IRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNT
Housewife		Maryland	USA
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0011
Unknown		Unknown	
. WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unkown) (Ifyasgivawarordatasofserv	S? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address	
No) Karl Kuster-Morristow	N. Jersey
18. CAUSE OF DEATH [Enter only one ca		, Rail Radial Holliston	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y:		1.1 1 = 1 = 1	ONSET AND DEATH
IMMEDIATE CAUSE (a)	MYOCARI	dial INFARETION	5 udder
DUE TO	/,		
	20tepines	Lerotic CV. Disen	400 WEARS
geve risa to immadiate ceuse (b)	AKICKIE SC	reports city process	1000
(a), steting the underlying DUE TO			
causa last. (c)			
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	
A TOUR OF A SAME AND A SAME AS			PERFORMED
			YES NO
20a. ACCIDENT WAS UNDERLYING [] 2 OR CONTRIBUTING [] CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURED	. (Entar nature of injury in Part I or Pert II of itam 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Yaar Hour a.m.	20d. INJURY OCCURRED 20a, PLA	CE OF INJURY (Homa, farm, ' 20f. (City or town)	(County) (Steta)
Hour a.m.		lory, straat, offica bldg., etc.)	(0000)
p.m. 19	et work et work		
21. I certify that (I) (this hospital	attended the deceased from	1099 to alle 31	, 19 6. (, that (I) (we)
saw the deceased alive on. Jul	.9	death occured atA.M, "From the causes and	on the date stated abo
22a. SIGNATURE	0 4	ATTEMPINE MED STAFF	22b. DAT
DEWATE SU	Hantle "	ATTENDING MED. STAFF	7-21sigi
22c. PHYSICIAN'S	, , , , , , , , , , , , , , , , , , ,	22d. ADDRESS	, ,,,
NAME (Typa) DOUNTT	F nela Lop	2010 Dales ex 1111	Wash DC
0001/11	- DELHWICK	3848 PORTER 37. NW.	with 11-
e. BURIAL, CREMATION, 236. DATE THEREC	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town o	r county) (Stata)
REMOVAL (Spacify) 8/2/61	Potomac Chu	rob Com Potoms No.	and ford
		rch Cem. Potomac, Mar	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D 8Y REGISTRAR 25b. REGIST	
Robert A. Pumphre	y Bethesda, Ma	ryland DATE AUG 3 '61 and	ur S. Franks

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debil-75th Street

MAKERS TO BE KESTER THE THE STATE OF

(S) Karl suster-Moreistown. J. Detwey

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John T E Palmeres 3348 Mile 51 No 6 46 115

Survey Course Course Course Potente Agreed Maryland

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PERSONAL TO SHEET CLASS

Robert N. Pumperty Betherda, Maryland Ung St.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY 1 GOMER MARYLAND ONN b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) LUER J d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street eddress) month d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completel Middle Month DECEASED OF (Type or print) DEATH 19 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH NEVER MARRIED lest birthdey) Months Deys Hours WIDOWED > DIVORCED e attending physician a Then please remove c oval, and in any event 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (Ifyes give wer or detes of service) ENELO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? as of 40 Muselit YES NO 20b. DESCRIBE HOW INJURY DCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af et work et work 19 21. I certify that (1) (this hospital) attended the deceased from....19 and that death occured at !! M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. page FUNERAL 22c. PHYSICIAN 22d. ADDRESS NAME (Type) ector, filed 23d. LOCATION 23a. BURIAL, CREMATION, 23b. CREMATORY REMOVAL (Specify OF 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATU VR A15 (4) 15M 9/60 26 '61

RYLAND STATE DEPARTMENT OF HEALTH

16891 1 015 M) Extraction of M TO HUMED IN THE PROPERTY OF THE PARTY OF THE ZHOOPING WITH WE SEN 1990 -May me of the street of All the second s the commence of the second CREMATION 7/3/1301 Codes Hill Paince Conce Ma A STATE OF THE PARTY OF THE STATE OF THE STA

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed MARYLAND Montgomery after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Days Bethesda 11 Bethesda e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 111 Lucas Lane YES NO The Clinical Center NAME OF 4. DATE Month Day Yeor DECEASED NELJ. DEATH July (Type or print) 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys ofter DIVORCED [Female White WIDOWED The July 190h 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Landon School Washington, D.C. USA Clark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William McClure Lulu Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record^{Address} Not available The Clinical Center, Bethesda 14, Maryland No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY Vasculitis 8 months IMMEDIATE CAUSE (o) DUE TO that Rheumatoid Arthritis 10 years Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Septicemia with Escherischia Coli YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while While of work of work p. m. 21. I certify that (I) (this haspital) attended the deceased fram January 1961 to July 3. saw the deceased alive an July 3. 19 61 and that death accurred a6:221, from the causes and an the date stated above ATTENDING PHYS. DIRECT MED. STAFF PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National NAME (Type DANIELY. KIMBERG. M.D. Institutes of Health, Bethesda 14. Maryland 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7-6-1961 Cemetery. Arlington FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SI DATE 1SM 9/59

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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0616	CERTIFICATE	I DEATH	08205
1. PLACE OF DEATH O. COUNTY MONTAGEMENY Co		AL RESIDENCE (Where deceased lived. If in ATMARY LAND b. COL	stitution: Residence before admission) UNTY MONTGOMERY
b. CITY OR TOWN (It outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 C. CI	TY OR TOWN in outside carporate limits, w) 1
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION ADDITION ADDITIO		TREES 7 102ESS Cole sville Ro	TO THE PERSON OF
3. NAME OF First	Middle	Lost 4. DATE	Month Day Year
OFCEASED (Type or print)	20	OF DEATH	1 21 10/1
FILLE	RIED NEVER MARRIED B. DATE	DE RIPTH 9. AGE (In)	PEON IF UNDER 1 YEAR IF UNDER 24 HRS.
Female white WIDOW		lost birtho	yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	- ,	7 1 1 1	12. CITIZEN OF WHAT COUNTRY?
House wife e. Ho	omemaker	MARILLAND	115A.
13. FATHER'S NAME		OTHER'S MAIDEN NAME	
William Frantem	L	aura Frazier	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INFORMAN	NT CONTRACTOR OF THE PROPERTY	Address
(Yes, no, or unknown) (If yes, give war ar dates of service)		drey M. Langley 25th Street, N.W. Wa	shington D.C.
18. CAUSE OF DEATH [Enter only one couse pegli		5 4 9	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	cute cerebral h	emorrhage iright	ONSET AND DEATH
2865 DUE TO 0	1		
Conditions, if ony, which) (b)	ardiac decompen	rsalion	Several man
gove rise to immediate couse (o), stating the under-	11 + . t.		2 1 11
lying couse lost. (c)	lamulrilion		reveral months
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (Enter 1	noture of injury in Port I or Port II of item 1	B.)
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19	Not while factory, street	NJURY (Home, form, et, affice bldg., etc.)	(County) (State)
21. I certify that (I) (this haspital) attends saw the deceased alive an Sulv 3		Coursed at 738M, from the cause	31, 19.6/_, that (1) (we) last
220. SIGNATURE	a and that death do	curred at Lam, from the cause	es and an the date stated above.
Bennet Un Norten	M.D. ATT	TENDING MED. STAFF YS. DIRECTOR PHYS.	July 21 BI
22c. PHYSICIAN'S NAME (Type) Bennet A, Pol	ter, Jt. M.D. 29	301 Colesville Rd., Silve	r Spring, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION (City, for	own, or county) (Stote)
REMOVAL (Specify) Burial 8/3/61	Cedar Hill Cemete	ry Prince Geor	ge's Maryland
24. EUNERAL DIRECTOR'S SIGNATURE ZISKA. 8	434 Georgia Avenue	2So. REC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc.s	ilver Spring, Maryl	and DATAUG 7 '61	Irilan S. Mans

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TO HOSPIT

VR A15 (4) 1SM 9/59

8213 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08206

a. COUNTY	ontgomery	,	MARYLAND	a. STATE	arvlan	_ b.	COUNTY	ontgor		1)
b. CITY OR TOWN RURAL and give r	(If outside corporate lim		c. LENGTH OF STAY IN 16	X.	OWN (If outsid	e corporate limi	its, write RUR	AL and give ne	earest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, (give street ad	(dress)	d. STREET AL					e. IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	syd	nst lney	Middle Taylor	Lawle		DATE OF DEATH	Month	, , , , , , , , , , , , , , , , , , ,	Yes 19	or 61
s. sex	6. COLOR OR RACE White	7. MARRIE	DIVORCED DIVORCED	8. DATE OF BIRTH	- 1907	9. AGE last t	1	UNDER 1 YEA		
during most of wo Teach	ON (Give kind of work rking life, even if retired er -Princip	3) _ 7	ND OF BUSINESS OR INDU	Vii	ginia	U.S.	Α	12. CITIZEN C	S.A.	UNTRY?
	on Carter				MAIDEN NAME		ronau	g h	087	16
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of	service) 21	9-36-8351 2-38-2800	INFORMANT HO	spita	L Reco	Addres	s		
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ouse per line		aestive	Lail	lle			TERVAL BETY	
Canditions, if gave rise to cause (a), stating lying cause last	the under-	of He	pertensis	C.V. otic Re	disea ad a	se liscas	·		5 ye	ars
PART II. OT	THER SIGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERMINAL	DISEASE COND	ITION GIVEN	I IN PART 1(a)	PERFORA	UTOPSY MED? NO 🔼
	'AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Part	l or Part II of it	em 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Ye	20d. INJ While at work	Not while at wark	LACE OF INJURY (Hactory, street, office	lome, farm, 2 bldg., etc.)	Of. (City or town	n)	(County)) Smey	(State)
	at (I) (this haspita	V 13	d the deceased fram.	death accurred	19.57 1 at 230/M,	//	~~	an the dat	re stated o	abave.
22c. PHYSICIAN'S NAME (Type)	Lillian K.	Zieg]	ler	M.D. ATTENDING PHYS. 22d. ADDRE	DIRECT	OR D STAF		- Su	0,13,	SIGNED 196
23a. BURIAL, CREMATI	ON. 23b. DATE THERE	OF	23c. NAME OF CEMETERY OF Parklawn	OR CREMATORY	238	LOCATION (C Mon		y Co. 1	Md. (State)	
24. FUNERAL DIRECTO	R'S SIGNATURE Darl	les I	ADDRESS Lay tonsville,	Md.	2So. REC'D BY	REGISTRAR		RAR'S SIGNAT		

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		Zenin		, in.
		*.C.		
6.1	ET.	2017/6	rolys7	Sydney
	42	Tone Sec		Wile White
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	nencil is	lyn yfinn		. Mad ledist nodeni
	.5 10002	Jartenou L		

Page of Hoslih, files. director. Board of death. If any end 3 to the funeral retained State the pe with 2 with and Page 5 n s 1 and 2 72 hoor 4 hours after Pages 1, 2, an pages in pencil in Item 18. Give Office along with form burial-transit permit. File 2 8 removal certificate should "pending" (0) Examiner 98 ò nsed cremation 2 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be EXAMINER: prior DEPU 240 g

CERTIFICATION

NAME (Type)

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give neerest town) and give negrest town) d. NAME OF HOSPITAL INSTITUTION (if not in hospital, give street againss) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middla Month Day DECEASED OF (Type or print) DEATH 1961 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED DATE OF BIRTH last hirt day) Months Days Hours WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I (Yes, no, or unfown) | (Ifyes give war or dates of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immadiate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.)

PRIMARY OF CONTRIBUTING CAUSE OF BEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. [City or town) 20c. TIME OF INJURY (County) factory, street, office bldg., atc.) While Not While at work at work

21. I certify that I fook charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide X Homicide Undetermined manner

CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

Addrass (Street, city, town, or county)

(Steta)

DATE SIGNED

22a, BURIAL, CREMATION, 22b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Cedar Hill Burial 7/6/61 Suitland, Maryland

ADDRESS Tyson Wheeler Funeral Home-1331 E. Montg. Ave. Rockville, Maryland

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cothur & Kraus

VS. A15ME 5M 9/60

DE NEW YEAR OF THE STATE OF THE The state of the state of the state of the a proper many there are where we want the form of the

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) þ Kensington 2 hours after Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Carroll Hall 9633 Old Spring Road completely NAME OF 4. DATE Middle DECEASED OF FONARD (Type or print) James DEATH within and con 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE AGE (In years | IV UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Male WIDOWED X DIVORCED Sept. 28, 1873 physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired Postmaster U. S. Govt. Michigan 13. FATHER'S NAME please and in a 14. MOTHER'S MAIDEN NAME ding Julius Leonard Sarah E. Everett affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Silver Spring, Md. Then (Yes, no, or unkown) | (If yes give war or dates of service) James D. Leonard-Son-11809 Grandview Ave. attending physician. as been signed by the None permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PARIL DEATH WAS CAUSED BY: ANGRENE IMMEDIATE CAUSE (a) burial-transit DUE TO MELLITUS Conditions, if any, which gave rise to immediate cause DUE TO hospital or attended to the certificate has boruse as the bur (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work OR ATTEND may be retaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. should19.6.f..., and that death occured at 7.30.4M, from the causes and on the date stated above. saw the deceased alive on JUL 22a SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Henry M. Lowden, M.D. ector, filed 23e. SURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

Rock Creek Cemetery

Bethesda, Maryland

Montgomery

Day

USA

(County)

Washington

DATE JUL 3 1 '61

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

.0

. IS RESIDENCE ON A FARM?

YES NO X

Year

19 6

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

0

DAYS

PERFORMED?

NO E

(Stata)

22b. DATE

SIGNED

IF UNDER 24 HRS.

京寺 0 VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

Burial

31/1961

(5			
	1	16.	
	. 0	3	
	0,	3	

Male White

Julius Leonard

Redrad rostmaster U. S. Govt.

Henry M. Lowden, M. D.

Tolly Service 189141817

A 12 1 1 1 5

g sass ord spring Road

Sept. 28, 1873 87 100 6

Jacky . Less

30388

TSILVAR Sprang, MA.

None .formes D. Leonard-Son-11808 Grandview Ave.

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THE REPORT OF THE PARTY OF THE

Rock Creek Gemetery Washington D. C.

Robert A. Rumphrey Bethesen, Maryland and Ward

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8216

CERTIFICATE OF DEATH

08209 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgo	mery		MARYLAND		usual residence. STATE Mar	E (When		lived. If instituti b. COUNTY		nce before		ion)
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	N (If ou	stride corpor	ote limits, write R	URAL ond	give neo	rest towr	1)
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street (oddress)		d. STREET ADDRE	ESS		10				IDENCE FARM? NO 3
Montgomery 3. NAME OF DECEASED (Type or print)	General Fit WILLTAM		Middle LEWIS		Lost	ELL	4. DATE OF DEATH	10/4		200	у	Year 19 6 /
5. SEX Male		· · · · · · · · · · · · · · · · · · ·	IED NEVER MARRIED		ATE OF BIRTH	383		9. AGE (In years last birthday)	_	P-		ER 24 HRS. Min.
100. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR INC			(State o	or foreign co		12. CI		F WHAT	COUNTRY
Joseph H.	Lewis			14	Rachel			S				
15. WAS DECEASED EVER (Yes. no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	Arrival lavivae			rmant am R. Bu	irro	ughs 4	39 N. Fr Gaither	ederi sburg	ck A	venu	ie
0 / -	ny, which the under-	DITIONS C		# /	T RELATED TO THE	TERMIN	C / h	omd	VEN IN PA	RT 1(0)	PERFC	AUTOPSY PRMED?
20a. ACCIDENT WA	S UNDERLYING CI CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye		Not while	PLACE	OF INJURY (Home, , street, affice bld	e, farm,	, 20f. (City			(County)		(State)
21. I certify the alive on U Constitution of the alive on U Constitution of the alive of the ali	at I attended the	12 G	and that dec	ith oc	curred at / /	10	M, fran	COSSC	and an	the do	ite state	
220. BURIAL, CREMATIO REMOVAL (Specify) BULLIA	7/28/61	OF	22c. NAME OF CEMETERY Forest Oak	OR CE	REMATORY			HON (City, town,			(Sto	to)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS 1331 E. Mon		Arro	REC'I	D BY REGIST	RAR 24b. REG	ISTRAR'S S	IGNATU		3

the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO FUNERAL TO HOSPIT

after death. Page

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			12 Up de Dect 15
COH Partie Viewan	7-1-10		
			Mag.

please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the fund and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Neglith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 mays after death. is necessary, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any TO DEPUT VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 821

J	i. PLACE OF DEATH		2. USUAL RESIDENCE (Wh		n: Residence before admission)
п	mortion	MARYLAND	a. STATE had	b. COUNTY	ments
1	b. CITY OR TOWN (if outside Apporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give ne rest town)
Н	b. CITY OR TOWN (if outside Orporate limits, with RURAL and give nealest lown)	1 mai	11100	1/1	
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not hospit	L mo	STREET ADDRESS	apring) a. IS RESIDENCE
1	6. NAME OF HOSPITAL OR INSTITUTION (IT HOSPIT	al, give street address)	d. STREET ADDRESS	11 - 8.	ON A FARM?
	9826 Cherry Ince	e ha	19826 0	way Irec Le	YES NO
	3. NAME OF DECEASED	Middle	Last 4. DJ		Day Year
1	(Type or print) Mollie 118	li Lieto	nan	ATH Duly	1 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE UN years VUNDE	
J	Herral 11 7 WIDOWED		PAT 6 1407	last ofthday) Months	Days Hours Min.
1	1 - C - C - C - C - C - C - C - C - C -	D OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (State or Ibrain		CITIZEN OF WHAT COUNTRY?
1	dore during most of working life, even if retired)		D		
		Own Home	ra		M-5, Q
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Harry Weinberg		Fannie Unknow	n	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. II	VFORMANT	Silver Spri	ng. Md.
4	No (1995)	Mro	. Norman H. Rot		
	18. CAUSE OF DEATH (Enter only one cause per line		A HOLINGIE ILA KOL	it 2020 MELLY	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	11 "			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Jany ever			Trond deep
1	9 / 4 DUE TO	A solute	de demin		me to
ı	Conditions, il Sny, Which (b) Color (gave rise to immediate cause	room account	a puny	/	
	(a), stating the underlying DUE TO				
ı	cause last. (c)		V		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?
J	PART II. OTHER SIGNIFICANT CONDITIONS CONTI				YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING A	HOW INJURY OCCURED. (En	nter nature of injury in Part I or Pa	rt II of itam 18.)	
	PRIMARY Or CONTRIBUTING A CAUSE OF DEATH.	1,000 2	latil- ne.	Lead Troisted	Al hand
	A STORE OF	was with pr			
		ILIRY OCCURRED 200 MAG			
The state of the s	20c. TIME OF INJURY Month, Dey, Year 2Dd. IN While	Not While	CE OF INJURY (Home, farm, 20f.		ounly) (Stete)
The second second	Hour 7 p.m. 7-1- 1961 While at work	Not While at work	CE OF INJURY (Home, farm, 20f. ry, street, office blog., atc.)		
The second second	Hour While	Not While at work	CE OF INJURY (Home, farm, 20f. ry, street, office blog., atc.)		
	Hour 7 p.m. 7-1- 1961 While at work	ins described above, hel	ce OF INJURY (Home, farm, 20f., ry, stylet, office bldg., atc.) d an Autopsy , Inspec	(City or town) (C	ounly) (State) Menty md
The second secon	21. I certify that I took charge of the remains	ins described above, hel	ce OF INJURY (Home, farm, 20f., ry, stylet, office bldg., atc.) d an Autopsy , Inspec	Colty or town) Clyn Spring tion . Inquiry . Undetermined manner	ounly) (State) Menty md
	21. I certify that I took charge of the remaindent resulted from: Natural causes	ins described above, hel	d an Autopsy Inspected	Colty or town) Class Spring Cition	ounly) (State) Menty md
	21. I certify that I took charge of the remaideath resulted from: Natural causes	ins described above, hel	d an Autopsy, Inspected, CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EX	C(Ity or town) Class Spring Ition (A) Induiry (A) Undetermined manner ER (menty md and in my opinion
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	21. I certify that I took charge of the rema death resulted from: Natural causes ACTUAL SIGNATURE TRANK T. B. EXAMINER'S NAME (Type)	ins described above, hel	d an Autopsy, Inspected, CHIEF MEDICAL EXAMIN M.D. DEPUTY MEDICAL EXAMIN Address (Street, city, tow	C(Ity or town) Class Spring Lition Induiry Induiry Undetermined manner ER INDUIR AMINER INDUIR TOWN T	and in my opinion DATE SIGNED
	ACTUAL SIGNATURE	ins described above, hel Accident , Suicident Coschart	d an Autopsy Inspected	C(Ity or town) Class Spring Lition Induiry I	DATE SIGNED
	ACTUAL SIGNATURE 228. BURIAL, CREMATION REMOVAL (Specify) CREMATION 21. I certify that I took charge of the remaindent resulted from: Natural causes Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22b. Date Thereof REMOVAL (Specify) CREMATION JULY 2, 1961 F. SUNERAL DIRECTOR	ins described above, hel Accident . Suicident Control Accident . Suicident Control Contro	d an Autopsy Inspected Inspected	C(Ity or town) Class Special Control Control Country Control Country Control City, town, or	DATE SIGNED OUNTY, MD.
	ACTUAL SIGNATURE 22a. BURIAL, CREMATION REMOVAL (Specify) CREMATION 23. FUNERAL DIRECTOR WARDER E. PUMPHREY, INC., SI	ins described above, hel Accident . Suicident COSC h 2 h 7 2c. NAME OF CEMETERY OR FORT LINCOLN C. LOPPRESS SPRING,	d an Autopsy Inspected	C(Ity or town) Control of the contr	DATE SIGNED OUNTY, MD. SIGNATURE
	ACTUAL SIGNATURE 228. BURIAL, CREMATION REMOVAL (Specify) CREMATION 21. I certify that I took charge of the remaindent resulted from: Natural causes Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22b. Date Thereof REMOVAL (Specify) CREMATION JULY 2, 1961 F. SUNERAL DIRECTOR	ins described above, hel Accident . Suicident COSC h 2 h 7 2c. NAME OF CEMETERY OR FORT LINCOLN C. LOPPRESS SPRING,	d an Autopsy Inspected Inspected	C(Ity or town) Control of the contr	DATE SIGNED OUNTY, MD.

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YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 3218 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Pennsylvania b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bethesda 51 days Chester d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 103 East 8th Street YES NO IN The Clinical Center. Bethesda 14. Md. 4. DATE NAME OF Middle Month Day Year DECEASED DEATH (Type or print) Dorothea Shirley Lindley July 19 61 S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days WIDOWED [DIVORCED I March 20, 1910 Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bookkeeping North Dakota U.S.A. Bookkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . = Joseph Donaldson Helen Kelly mave 17. INFORMANT The Medical Regord 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Clinical Center. ethesda ll. attending No Maryland 18. CAUSE OF DEATH [Enter only one couse per_line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause last buriol-transit CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INVIDE OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) Doy, Year 20d. INJURY OCCURRED (Stote factory, street, affice bldg., etc.) Haur o. m. While Nat while at wark ot work p. m 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred a3:00PM ram the causes and an the date stated above 19 saw the deceased alive an. S by the 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF 22d. APhes Clinical Center. National Institutes 22c. PHYSICIAN'S M.D. Robert H. Wilkins of Health, Bethesda ly, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1SM 9/59

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CERTIFICATE OF DEATH 8219 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND Montgomery Maryland uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) D Chevy Chase Chevy Chese d. NAME OF HOSPITAL (If not in hospital, give street oddress) d_STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2900 Daniel Road 2900 Daniel Road YES NO NAME OF Middle Last 4. DATE Month Year filled DECEASED DEATH (Type or print) Bernard F. Locraft. Jr July 3rd 19 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Haurs Min. Male white WIDOWED [DIVORCED Sept 8th 1902 58 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Civil Engineer Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard F. Locraft. DE LECY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Vonnette Locraft, 2900 Banial Road 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cose (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19. WAS AUTOPSY PERFORMED? YES NO 12 CERTIFIC 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while al work at work p. m . 1960, to 21. I certify that I attended the deceased fram. _____. 1964 that I last saw the deceased , and that death accurred at See A. M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe shauld PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSP CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P. 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete cated in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00010

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1. PLACE OF DEATH	H						eceesed lived, If	MAN		edmission)
Montgome	rv		MARYLANI	e. STATE	Virgi	nia	b. COU	Scot	tt	
b. CITY OR TOWN (if outside corporete limit	s, c.	LENGTH OF STAY IN 1				orete limits, wri	e RURAL end	give neerest to	own)
Bethesda	d give neerest town)	ALC: N	1 Day	Gate	City	7				
	TAL OR INSTITUTION (i	f not in hospite		d. STREET			^		\ e. IS	RESIDENCE
					44-		83	V-	7 01	A FARM?
	al Center,	pernes		Route	#1		0~		YES	
NAME OF DECEASED	First		Middle	Last		4. DATE OF	Mont		Dey Ye	
(Type or print)	Edgar		rmsby	Logan		DEATH	July	1.	1, 19	9 61
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9	last birthdey)	-		ER 24 HRS.
Male	White	WIDOWED	DIVORCED	February	14,	1906	55 yrs.	Months D	Deys Hours	Min.
e. USUAL OCCUPAT	ION (Give kind of work	10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Coun	nty & Stete, or	foreign country	12. CITIZ	ZEN OF WHAT	COUNTRY
Insurance A	orking life, even if retire		Insurance		India	ina			U.S.A.	
3. FATHER'S NAME				14. MOTHER	MAIDEN	NAME				
Osemeila	H. Logan			Ang	11012	Loper				
		CES2 14 SO	CIAL SECURITY NO. 17				Doobba			
res, no, or unkown) (If yes give wer or detes of se	rvicel								
NO		Unasce	rtainable T	he Clinic	al Ce	enter,	Bethesd	a 14,	Marylan	1d
18. CAUSE OF I	DEATH [Enter only one	ceuse per line	for (e), (b), end (c).]						ONSET AND	
	H WAS CAUSED BY:	Canas	stive_Heart	Failure					ONSET AND	DLAIII
4.7	A 1	Compe	DOTAG TIGOT O							
lo di	DUE TO	Myoca	rdial Ifarc	tion					4 He	ours
Conditions, if engages give rise to immed		-500		100						
(e), steting the u	DITE TO									
ceuse lest.) (c)									
PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART		AUTOPSY FORMED?
PART II. OTHE									YES IX	
20e. ACCIDENT W	AS UNDERLYING	20b. DESCRI	BE HOW INJURY OCCU	RED. (Enter neture o	f injury in	Pert I or Pert I	l of item 18.)			
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)									
		20d INII	JRY OCCURRED 20e.	PLACE OF INJURY	Home fern	n ' 20f (Cib	y or town)	(Coun	ity)	(Stete)
20c. TIME OF INJU Hour e.m.	JKI MOIIII, DOY, TO	While _		fectory, street, office			,,	, 00011	.,,	(0.0.0)
p.m.	19	et work	et work							
21. I certify	that (I) (this hospit	al) attended	the deceased fro	m July 10)	1961, to.	July 1	1, 19	61 that (1)	(we) la
saw the decea	sed alive onJu	ly 11.	19.61 and th	hat death occur	ed at 3	LOPMon	n the causes	and on th	he date stat	ed abov
22a SIGNATURE	0									2b. DATE
1	9 / 20			ATTENDIN		MED.	STAFF PHYS.	7-1	1-61	SIGNE
228. PHYSICIAN'S	- 100/1mg			141.10.	1	- Luc	Ical Cer			
NAME (Type		Gaffr	ev M.D.							
1							lealth,			
30. BURIAL, CREMAT REMOVAL (Specify	1 / //		3c. NAME OF CEMETER	0,	1 -	4	ATION (City, to	1 . 10	0. 1	(State)
Burial	7/12/	61	maple 1	arone 1	emel	ery	Droot	eville	gna	ana
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS WA	sh. D. C.	25e. REC	C'D REGIS	TRAR 25b. R	GISTRAR'S S	IGNATURE	
No 17	unale 11	You	4812 GA.	AVE N.L	DATE	11 1 2 16	1	.1 0	W.	
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TO HOSPITAL DIRECTOR: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in to, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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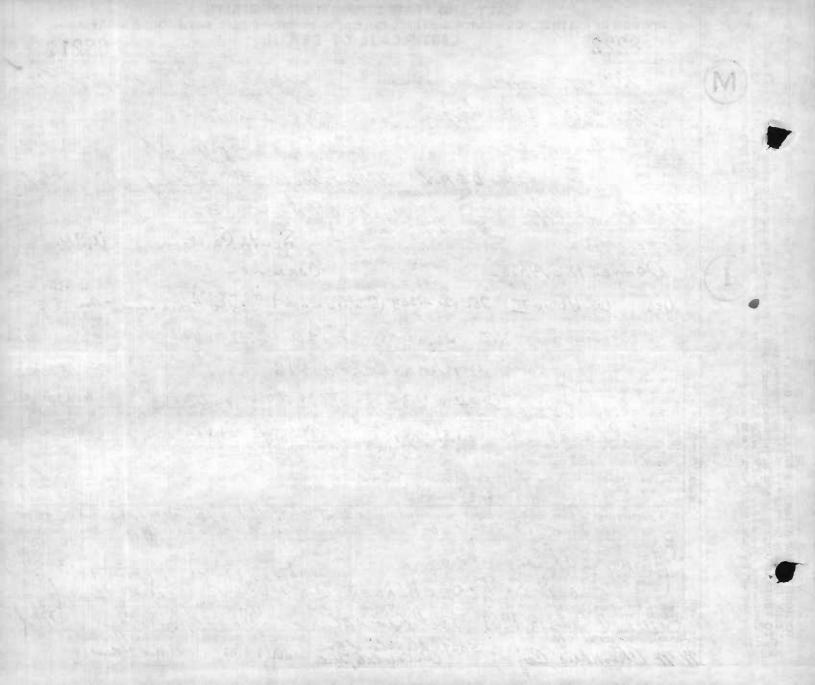
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR BALTIMORE 1, MARYLAND

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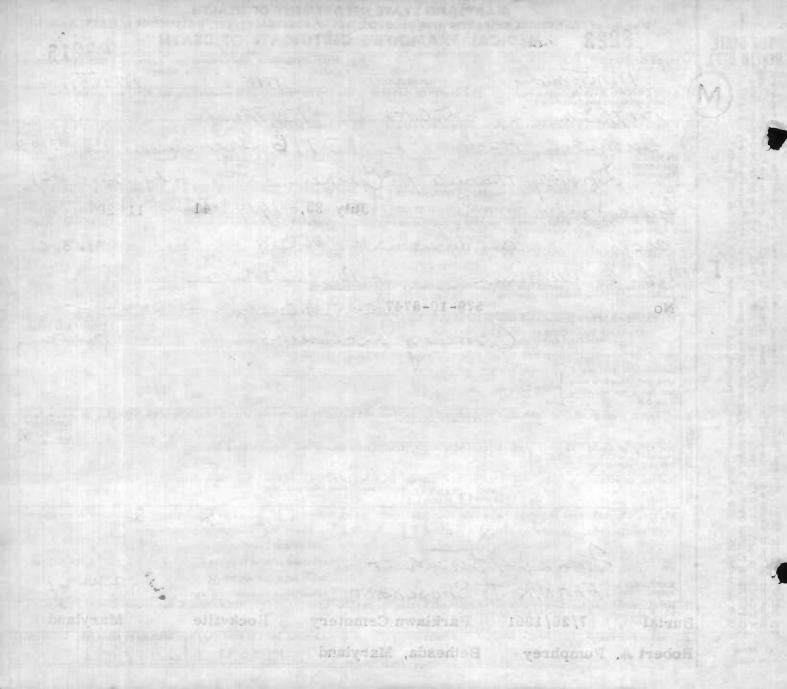
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	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	Moula oncercy M	ARYLAND	Maxulaced B. COUNT MONTERS
V	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
'	Dones Jeene visiting		Jekoma Park
	d. NAME OF HOSPITAL (It not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	# A Olakam Laad		7106 Weedlend Che YES NO D
X	3. NAME OF First A / Mi	ddle	Last 4. DATE Month Day Year
	(Type or print)	VII	MARCHANT DEATH July 9 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MA		8. DATE OF BIRTH 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours Min.
	7.51	ORCED _	May 6-1893 168 79.11
14	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES	SS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Conex / Machine Co		South Marco, Sopraketa 4.3. H
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
1	Leorge Marchant		Laura Helle Miller 11
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. or unknown) (If yes, give war or dates of service)	NO. 17. IN	NFORMANT / / Address /166 Ms adkers
	76/ 577.09-923	12/1/6	Es Charlotte Marchant Jekema Pars
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).]	INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	nujo	cardial infraction 3 min.
	420 / DUE TO	1	
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	gave rise to immediate (1	
	lying cause lost.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAT		YES NO
	20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH	RY OCCURRE	D. (Enter noture of injury in Port I ar Part II af item 18.)
,	OR ACCIONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State ctary, street, affice bldg., etc.)
	Haur a.m. p. m. While Nat while at wark of wark] "	ciary, sineer, affice blag., etc.)
	21. I certify that (IV (this haspital) attended the decea	sed fram	May 1966 to Aune 1961, that (1) (we) las
	1 7 /		death accurred at LOLM, from the causes and an the date stated above
	22a. SIGNATURE	and mar c	22b.DATE
1	James Koleman 1	ms.	M.D. ATTENDING MED. STAFF DIRECTOR STAFF PHYS. SIGNED
1	22c. PHYS/CIAN'S	/	22d. ADDRESS A
	NAME STYPE) AMES K. (OLENI	AN	733 Sugo Wilsaue, Silver spring Mr.
	230. BURIAL, CREMATION, 236) DATE THEREOF 23C NAME OF	CEMETERY O	R CREMATORY 23d. LOCATION (City Jown, or canty)
	DREMOVAL (Spedify) Lealy 12-1961 II for	icali	Mausolum Des our burg da & Mod
	24. FUNERAL DIRECTOR'S SIGNATURE / X ADDRESS		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A. astrus Kallary 2546	过七七日。	Los 1 2 though
1	The Market Comment of the Comment of		17V.W DAIE 11 161 Culy 2. 1000

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY COUNTY b. CITY OR TOWN (if outside corporate limits, ZENGTH OF STAY IN 16 c. CITY OR TOWN (If puside corporate limits, write RURAL and give nearest town) write RURAL and give-nearest fown) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO M 3. NAME OF DATE Middle Month Dey Year DECEASED OF (Type or print) DEATH 19 5. SEX 8. DATE OF BIRTH AGE (In years AF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey WIDOWED DIVORCED 10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME please affending CRIP HN WYNN Address 16. SOCIAL SECURITY NO. | 17. INFORMANT lan. 18/ CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HIBRILL ATI COMINGTO IMMEDIATE CAUSE (e) DUE TO ATherosche 1051S Conditions, if eny, which gave rise to Immediate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Hour a.m. at work et work p.m. JULY saw the deceased alive on. 22b. DATE 220. SIGNATURE ATTENDING SIGNED PHYS. 0 22d. ADDRESS PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, 23b. 23c. NAME OF 23d_LOCATION (City, town or county) REMOVAL (Specify) D. F. B 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATE VR A15 (4) DATE 15M 9/60



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution, Residen 1. PLACE OF DEATH is net. e. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) (if outside corporete limit write BURAL and give hearest town) Board d. NAME OF HOSPITAL OR INSTITUTION (if not e. IS RESIDENCE Por ON A FARM? retained ne State B YES NO Yeer NAME OF Middle DECEASED DEATH the (Type or print) 1961 UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years | 4 5. SEX 7. MARRIED NEVER MARRIED b/thdey) Months 29 Hours DIVORCED and 2 72 hour WIDOWED 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired within within 13. 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-tr. Office DUE TO pino Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X pino 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) 39 While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry \ and in my opinion 0 4 forwarded in DIRECT afed agent, Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should E DEPU NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY DATE THEREO 22d. LOCATION (City, town, or country) (Steta) 220. BURIAL, CREMATION, REMOVAL (Specify) Parklawn Cemetery Rockville Maryland 7/26/1961 240 p Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR Bethesda, Maryland VS. A15ME Robert A. Pumphrey DATE UL 25 '61 arthur & Kraus SM 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

The state of the s

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission a. COUNTY b. COUNTY MARYLAND and c. LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL end give nearest town) e. CITY hours after Pages Pe IS RESIDENCE OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ON A FARM? YES NO papers. n 72 ho completery NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 61 and cor S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years test birthdey) Months Hours WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY My & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) 13. FATHER'S NAME MOTHER Δ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unkown) | (Ifyesgivewarordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physici ELLS signed IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying certificate ha ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO prior 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) defached 20c. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, form, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While Hour a.m. et work et work may be retaine DIRECTOR: p.m. 1950, to. uli, 2, 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1961..., and that death occured atPM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. PHYS. DIRECTOR M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) rector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cemetery OH Louisville 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR VR A15 (4) 15M 9/60 DATE

requires that the death certificate be

a distant for some a sharp to come some That he say the head and the 12 Parting the state of the 31 miles (E Superanting (Editing) (Notice of the State o A CHANGE SANDER THE STATE OF TH The B. B. State of Bridge B. C. C.

y fact in by the funeral .. Pages 1 and 2 should urs after death. TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death. Page is may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within Z Inc.

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VR A15 (4) 15M 9/60

n 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

REET, BALTIMORE 1, MARYLAND

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IUN	OF STATISTICAL	KESEAKCH AND	KECURDS,	301 A	V. PKESTON	DIM
	8226	CERT	IFICATE	OF	DEATH	

1. PLACE OF DEATH	1		2. USUAL RESIDEN	CE (Where deceesed liv	ed, If institutions Res	idence before admission)
Montgomer		MARYLAND	Virginia	A	lbemarle	
b. CITY OR TOWN (if outside corporete limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits	, write RURAL and	give neerest lown)
Bethesda	give nealest town;	22 days	Charlotta	sville	X	5 × 22
	TAL OR INSTITUTION (if not in h		d, STREET ADDRESS	013220		e. IS RESIDENCE
The Clini	cal Center, Bet	hesda 14, Md.	1612 Camb	ridge Circl	e	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey Yeer
(Type or print)	Sheffey	Guy	Miller		uly	27. 19 61
5. SEX	6. COLOR OR RACE 7. MARE	HED TO NEVER MARRIED 1 8	DATE OF BIRTH		yeers IF UNDER 1 Y	AR IF UNDER 24 HRS.
Male	White WIDOV		ebruary 2, 1	.900 61	yrs, Months De	ys Hours Min.
10a. USUAL OCCUPAT		KIND OF BUSINESS OR INDUSTR		ty & State, or toreign co	untry) 12. CITIZI	N OF WHAT COUNTRY?
Farmer	orking life, even if retired)	Farm	Vinc	inia	194700	U.S.A.
13. FATHER'S NAME		T COT TIT	14. MOTHER'S MAIDEN			O O O O O O
William M	Hiller		Ida M. Wi			
		6. SOCIAL SECURITY NO. 17. 1			A.A.A.	
(Yes, no, or unkown) (I	LAGS ALAG MOLOL CIGIOS OLZOLA (CO)					
No		navailable The	Clinical Ce	enter, Bethe	sda 14, M	aryland
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PART I. DEAT	H WAS CAUSED BY: Vent	ricular fibrill	ation			30 minutes
400	4					
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(e), steting the u	nderlying DUE TO					-
ceuse fest.	(c) Sec	ondary to Corona	ary Atheroscl	Lerosis		years
Z PART II. OTHE		ONTRIBUTING TO DEATH BUT NO			N GIVEN IN PART 1	
САПС	Myotomic Dystr	ophy				YES POR NO
PART II. OTHER	AS UNDERLYING 2Db. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in I	Pert I or Pert II of item 18	3.}	
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	17	ork et work			AB /	
21. I certify !	hat (I) (this hospital) atte	nded the deceased from				that (I) (we) last
saw the deceas	sed alive on July 27	19 61, and that	death occured at 9	110 fpm the ca	uses and on the	e date stated above.
22e. SIGNATURE						22b. DATE
1	homora Itali	M		AED. STAFF	X	7/28/63
22c. PHYSICIAN'S			22d. Therescia	nical Cente	r. Nation	al Institute
NAME (Type)	THOMAS VATES,	M.D.		th, Bethese		
23e. BURIAL CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (C	The same of the last of the la	(Stete)
REMOVAL (Specify)						
Burial	7-29-61	Evergreen	1		, Virgini	
1ves Fune	al Home Inc. 2	847 Wilson Bly	d. 25e. REC	2 1 '61	Lilling S. H	
By: (?) M.		rlington, Va.	DATE	3 1 '61	2. 10	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) COUNTY b. CQUNTY b. CITY OR TOWN (if outside corpor MARYLAND aru Howar c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest c. LENGTH OF STAY IN 16 director. write RURAL and give near st lov jo akom ood bine N. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. with 7. MARRIED NEVER MARRIED TO 2 wit last birthday) Months WIDOWED age 5 me 1 and 2 v 72 hours DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or Joreian country) doge during most of working life, even if retired) worker laborer Construction pages 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no. or unknown) | (Ifvesgive were rdetes of service) Del 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), INTERVAL BETWEEN ONSET AND DEATH ong ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) plnods geve rise to immediate cause DUE TO (e), steting the underlying Examiner cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe NO PIno 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age to bu 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, '20f., (City or town) (County) Month, Day, Year (State) fectory, street, office bldg., etc.) While Not While the et work et work R. varded to DIRECT 21. I certify that I took charge of the remains described above, held an Autopsy X. P Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner te the c CHIEF MEDICAL EXAMINER DATE SIGNED FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** should should DEPU NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Virginia National Arlington Arlington 240 p Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME Laytonsville. arihun & Kraye SM 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH STANISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH SUBURBAW HO SPITHL 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. MONTGOMERY CO. BETH SAMBRYLAND c. CITY OR TOWN of ourside comporate limits, write RURAL and MONTE OUR DIV b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) .= hours after Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) Bethesda d. STREET ADDRES Bethesda 0 e. IS RESIDENCE ON A FARM? YES NO NO Suburban NAME OF completely papers. First Middle 72 DECEASED and c carbon p (Type or print) DEATH MOORE 19 Helen AGRITULY 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED WEVER MARRIED lest birthdey) Months Days WIDOWED DIVORCED County & State, or forcion country) physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wash Day C U.S. A Housewife INFORMANTY Susan Carico 15. WAS DECEASED EVER IN BUSTUS 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service Same as above AL BETWEEN Daughter (Joan Moore) CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3246 IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate couse DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While et work et work 21. I certify that (1) (this hospital) attended the deceased from Jung saw the deceased alive on July 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. FUNERAL ADDRESS BETHENDA -23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 0 24 FUNERAL 25e. (E BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 0 '61 15M 9/60 DATE

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b. COUNTY

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	OR INSTITUTION	aple Aven		godress)		
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13.		Moore				
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(Y	es, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice) 16.	SOCIAL SECURITY NO	R	
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CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D
MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. I	NJURY OCCURRED	20e. Pl	
The same	Hour a.m.	19	While at war	Nat while	fo	ct
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	PHYSICIAN'S NAME (Type)	TEPHEN	W.	DE TER	M.L)
	a. BURIAL, CREMATIC	N, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY C) F
	REMOVAL (Specify)		1	Cedar Hi	11	1
23	. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		
	Robert	A. Pumph	rey	Bethesd	a, 1	V

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Chevy Chase d STREET ADDRESS e. IS RESIDENCE ON A FARM? 7312 Maple Avenue YES NO IX tost Month OF DEATH 19 61 July Moore 31 9. AGE (In years last birthdoy) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Sept. 18.1865 RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Washington D. C. USA 14. MOTHER'S MAIDEN NAME Amelia Prettyman FORMANT Address th M Camp-Daughter-same 2d INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Fart I ar Part II of item 18.) CE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) ary, street, affice bldg., etc.) that I last saw the deceased accurred at 430 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 6719 WILSONLANE, BETHEDOA 14, MO 22d. LOCATION (City, town, or county) CREMATORY (Stote) Suitland, Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE aryland Ciriling S. Kruns

a. STATE

Maryland

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

TO HOSPITAL

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	o. COUNTY Montgo	omery			MARYLAND	2. USUAL a. STAT		_	d lived. If institution b. COUNTY	on: Residence b		
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-	3. NAME OF DECEASED	Fi	_	31 - 9,110	Middle		Last	4. DATE OF	Mon	_	Day	Year
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	5. SEX	6. COLOR OR RACE	7. M	ARRIED NEVER	MARRIED [B. DATE OF	BIRTH		9. AGE (In years lost birthdoy)	Months Da	-	T -
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	PART II. OTH			nos de				7,620,027,0			PERF	ORMED?
7	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. [DESCRIBE HOW IN	JURY OCCURRE	ED. (Enter not	ture of injury in	Port I or Por	t II of item 18.)			
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	Wh	I. INJURY OCCUR ile Not while work of work	e fa	ACE OF INJUCTORY, street,	URY (Home, for affice bldg., et	m, 20f. (City	y or town)	(Cou	nty)	(State)
	21. I certify tha	it (1) (this hospita	l) atte				3	_ot. 5 20	7/13	1961		
	saw the deceas	sed alive on7	13	196/	, and that	death acci	urred at	M, from	the causes on	d on the d	ate stote	d above.
	22a. SIGNATURE	02 2 0		wo		ATTEN	NDING A	AED	STAFF PHYS.			22b. DATE SIGNED
1	22c. PHYSICIAN'S	reako	20			M.D. PHYS.	DDRESS	DIRECTOR .	PHYS.			
	NAME (Type)	G.F.Me	40	ors in	1)	220. 7	DAMA	SCUS	MAR	4 CAN	D	
F	230. BURIAL, CREMATIC		OF	23c. NAME	OF CEMETERY C	OR CREMATO	RY	23d. LOCA	TION (City, town,	or county)	(St	ote)
	REMOVAL (Specify)		- 70	67 Clar	ksburg			Cla	rksburg,	Md.		
5	24. PONERAL DIRECTOR	S.SIGNATURE	لاسلود	ADDRESS		110000	2So. RFC	'D BY REGIS		STRAR'S SIGNA	ATURE	
	Francis 2	Barber	La									
1	1 The motion of the			V			DAIGES	9 7 7 6	1	1 9 4	4	

1. C 11.0 1200 51.65 ZD (ZD ZD ŽŽ) 3 € planer Isticad Istono years the (LID) 2.01 11.0 an 15.0 1/18/1888 .clo lite tavea. .a. 8. . , onslyis عديد عيد عيد Steven us 10 C .nlwcos, ladicad · INA STREET TRAIN Manual of the state of the stat Acceptance of the state of the TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page, may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely made in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 chours is be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept. of Health prior to burial, gremation, or removal, and in any event, with the state Dept.

	MARYLAN DIVISION OF STATISTICAL RESEARCH	D STATE DEP	ARTMENT OF	HEALTH STREET, BALTIMO	RE 1, MARY	LAND
	82 31 c	ERTIFICATE	OF DEATH		0.	2226
1.	PLACE OF DEATH a. COUNTY Montgomory	MARYLAND 2	a, STATE	E (Whare decassed lived, If b. COUN	1TY	
	Montgomery b. CITY OR TOWN (if outside corporata limits, writa RURAL and give nearest town) Takoma Park.	IGTH OF STAY IN 16		M toutside corporata limits, write	RURAL and give	naarest town)
5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give Washington Sanitarium and Ho		d. STREET ADDRESS	ord Road.	1	IS RESIDENCE ON A FARM? YES NO
3.		Middle	hera	4. DATE Month OF DEATH July	- /	Year 19 67
5.	STY 14 SOLOR OR DAGE!		ATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	Hours Min.
10 de	ta. USUAL OCCUPATION (Giva kind of work ona during most of working lifa, evan if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stata, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
13	FATHER'S NAME	no 14	. MOTHER'S MAIDEN		Americ	a
15 (Y	Thomas Joseph Nochera . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL as, no, or unkown) (Ifyasgivawarordatasofsarvica) no	SECURITY NO. 17. INF	Eleano CORMANT mother	r Flora Gammo		
	18. CAUSE OF DEATH [Entar only one cause per line for (4 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		mo laset			ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gave risa to immediata causa (a), stating tha undarlying causa last. (c)	N. S.	,			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT R	ELATED TO THE TERMIN	IAL DISEASE CONDITION GIV		9. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURED. (E.	nter natura of injury in F	art I or Part II of item 18.)		
MEDICAL		OCCURRED 20a. PLACE factory,	OF INJURY (Home, farm, streat, offica bldg., atc.	, 20f. (City or town)	(County)	(State)
	21. I certify that (I) (this hospital) attended the saw the deceased alive on			1941, to 142 E.	, 19.6.4, to and on the da	hat (I) (we) last ate stated above.
	22a. SIGNATURE Frankling the Solution	Ma it. M.D.	PHYS. D	NED. STAFF	7-26	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Michael M. Dobridge		22d. ADDRESS 10620 G	eorgia Ave.,	Silver Sp	ring, Md.
	REMOVAL (Specify)	ate of Heave	crematory en	Silver Spring	wn or county) ng Ma	aryland
24		thesda, Mai		'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	
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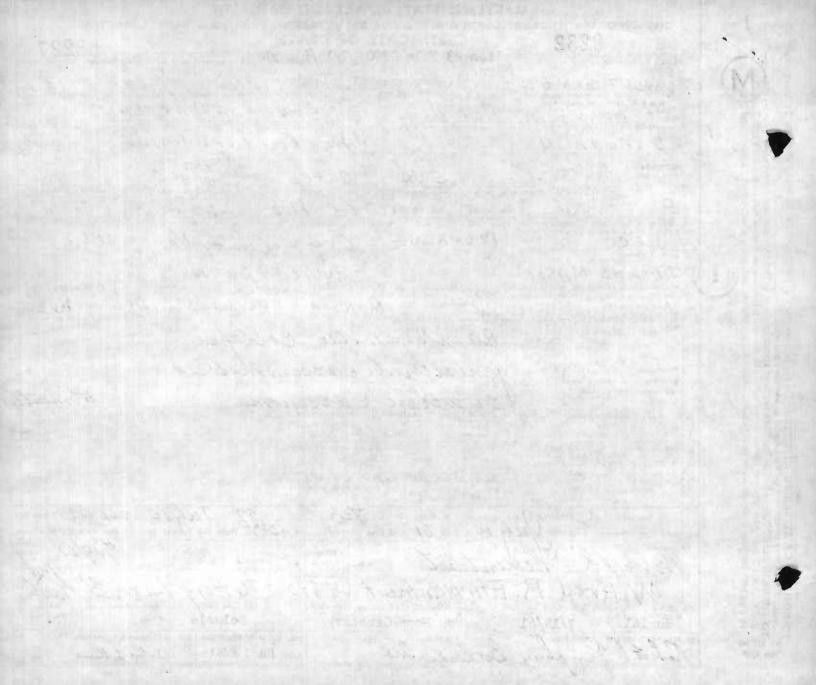
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Burnal July 28, 1981 Gate of Heaven Silver Spring Maryland Schools, Maryland on the same

DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USDAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MINTEUMFR MARYLAND MONT GOMER b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give nearest town) THESDA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SUBURBUN YES NO papers. completely 3. NAME OF Middle DECEASED OF (Type or print) CS51F DEATH Oakes 19 6/ AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey) and Months WIDOWED [DIVORCED law requires that the death certificate physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) UMBING CLERK 13. FATHER'S NAME attending pl and 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address removal, (Yes, no, or unkown) | (If yesgive war or detes of sarvica) ING- 13201 ARdONNES physician. 18. CAUSE OF DEATH |Enter only one cause periline for (a), (b), end (c). INTERVAL BETWEEN been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While Hour a.m. et work al work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... it. (1) to. () [[(we) last saw the deceased alive on... ATTENDING DIRECTOR PHYS. PHYS. M.D. death. Page 4
O FUNERAL PHYSICIAN'S 22d. ADDRESS filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION. (Specify) Goldale Va. P d New Hope Cemetery OL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JUL 1 3 '61 15M 9/60 arthur S. Krous



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEA 2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission) flay is not read director. Page of for your files. e. COUNTY e. STATE b. COUNTY MARYLAND lif outside con c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RUBAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRES e. IS RESIDENCE ON A FARM? State | YES NO V and 3 to the fune NAME OF Middle Month Day Year DECEASED OF (Typa or print) DEATH 19 6/ with thould be executed within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to Chice along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with any event within 72 hours after the pages 1. S. SEX AGE (In year DATE OF BIRTH I IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED W NEVER MARRIED may 2 with las birthday Months WIDOWED T 25 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (If yas give wer or dates of servica) certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). INTERVAL BETWEEN Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which Duna "pending" gave rise to immediate cause ro. DUE TO Examiner as (e), stating the undarlying pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTORSY CERTIFICATION PERFORMED? 90 cremat ecute the certificate, writing the word Medical NO plnods 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. EXAMINER: burial Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) forwarded to the Chi (County) (State) factory, street, offica bldg., atc.) Whila Not While Hour e.m. prior at work et work Inspection & 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL CREMATION! 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g 7/31/1961 Parklawn Rockville Maryland 0 Burial ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Firms Bethesda, Maryland DATE SUL 31'61 EX Robert A. Pumphrey 5M 9/60

as historical distributions and advisory and colored to the colore

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funetal 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission) a. COUNTY e STATE b. COUNTY the transfer of the death. Montgomery MARYLAND Maryland Montgomerv b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Bethesda Bethesda davs hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Hospital Suburban papers. n 72 hou Bradley Blvd completely 3. NAME OF Middle Lost 4. DATE Month DECEASED OF (Type or print) DEATH c Ρ. Pappano Joseph July and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR lest birthdev) Months Deys Male WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Naturalized. done during most of working life, even if retired) Aue Retired -Proprietor-Tailor Shop attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 and Antonio Pappano Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Yes removal, Pappano ending physician. been signed by the Unknown Daughter Miss Clea same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate has been signer use as the burial-transit DUE TO attending Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION prior 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) After this ce 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.) MEDI Hour a.m. While Not While at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from.... may be saw the deceased alive on........ 22e. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. PHYS. page with the FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) O:F & Heaven Buria. Gate Montgomery County

ADDRESS

Bethesda, Md.

e. IS RESIDENCE ON A FARM?

YES NO

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19

60 years

as above

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? NO DO

(Stete)

22b. DATE 7-10-61 SIGNED

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

arthur S. Krous

DATE JUL 1 3 '61

Hours

IF UNDER 24 HRS.

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death. O H VR A15 (4) 1SM 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

ROBERT A. PUMPHREY

HOSPIT

The law requires that the death

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Surfal 7-17-61 Gate of Heaven Hontromery Conty, Nd. ROBERT A. PLACHET Bachesda, Mr. Languer Bert Back Color

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hin 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm. e. COUNTY COUNTY Montgomer MARYLAND rince land LEUVAC b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 by write RURAL end give neerest town) .⊑ akoma tark Pages led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Washington Sanitaviuman 03-5 YES NO completely papers. n 72 ho 3. NAME OF DATE Month Day Year DECEASED OF (Type or print) DEATH 19601 within Sons carbon 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours WIDOWED DIVORCED remove USUAL OCCUPATION (Give kind of work County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if refired Columbia Plumbing Inspec strict of 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT The law requires that the removal. (Yes, no, or unkown) | (Ifyasgivewerordatesofservica) Navi the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). hospital or attending physician. certificate has been signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INFARETICN, Acute, Left MUSCARdia 3 WKS IMMEDIATE CAUSE (e) ANTERO-LATERA the burial-transit DUE TO , Acuta, Left Autera OCC USION geva rise to immediate ceuse descending DUE TO (a), stating the underlying burial, ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY 9S PERFORMED? 0 use prior 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH After this DIRECTOR: After III. 20c. TIME OF INJURY | 2De, PLACE OF INJURY (Home, ferm,) Month, Day, Yaer 20d. INJURY OCCURRED 2Df. (City or town) (County) (Stala) fectory/street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from ... Une 196/ ..., to. ... and that death occurred at ... AM, from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE 22b. DATE ATTENDING SIGNED MED. STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) rector, I 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill 23d. LOCATION (City, town or county) (Stete) Suitland, Md. 0:58 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE ²61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY COUNTY South Carolina Montgomery by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give naerest town days Beaufort. Rural UTION (if not in hospitel, give street address) Pe d. STREET ADDRESS a. IS RESIDENCE ON A FARM YES NO 12 Box 989 Naval Hospital 3. NAME OF etel Middle 4. DATE Month Yeer DECEASED OF (Type or print) DEATH 1961 July 31 AGE (In yeers | IF UNDER TYEAR McCall Pate Randolph S. SEX IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) and carb Months Deys 2-11-98 Hours Caucasian Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Officer USMC South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl McCall Pate Ann Cornick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) g physician. #2 above Mary E. Pate Same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of pancreas with metastases 2 months IMMEDIATE CAUSE (a) DUE TO geve rise to Immediate cause DUE TO (a), stating the underlying Se PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Se o NO use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) 2 for OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) (County) fectory, street, office bldg., atc.) While Not While et work et work (* (this hospital) attended the deceased from July 22 to July ...31 ... 1961, that (we) last 21. I certify that may be r1961 ..., and that death occured at 10:10 from the causes and on the date stated above. saw the deceased alive on Tuly. 22b. DATE 22a. SIGNATURE ATTENDING August 1 PHYS. DIRECTOR PHYS. M.D. page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNER CAPTAIN MC USN U. S. Naval Hospital, Bethesda, Md. ector, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) August 3,1961 Va. Arlington Arlington National 0 Buria] 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Home, Bethesda, Md. Pumphrey Funeral Jullius & Kraus 15M 9/60 AUG 3 DATE

death

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MARYLAND STATE DEPARTMENT OF HEALTH

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G. I. MEET, II, DESKIM NO ET U. B. W. W. Louel all, Bethinks, M.

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VR A1S (4) 1SM 9/59

8237

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08232

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
MONTGOMERY MARYLAND	o. STATE b. COUNTY ONTGOMERY
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
SILVER SPRING I YEAR	SILVER SPRING
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1303 BALLARD STREET	1303 BALLARD STREET YES NOB
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print) ROBERT HARRIS	PEMBERTON DEATH JULY 6 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
MALE WHITE WIDOWED DIVORCED	July 1, 1909 52 yrs. 0 5
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)	
	Zanesville, Ohio 4.5.
13. FATHER'S NAME	14) MOTHER'S MAIDEN NAME
Oecil R. Pemberton	Jeanette F. Parthesius
(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address
No 577 09 3712 M	RS. R.H. PEMBERTON AS ABOVE.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AQUITE CORE	WARY OCCLUSION Z HOURS
420.1 DUE TO	
Conditions, if any, which) (b) CORONARY	ATHEROSCLEROSIS 54EADS
gove rise to immediate cause (a), stoting the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
IA I	YES NO 🖸
□ OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
Haur a. m. p. m. 19 While Not while at wark of wark	
21. I certify that (I) (this haspital) attended the deceased fram.	July 6, 1961, to July 6, 1961, that (1) (we) last
	death accurred at 65 M, from the causes and an the date stated above.
220. SIGNATURE	22b. DATE_
James a. Roberts	M.D. ATTENDING DIRECTOR STAFF PHYS. TOLY 6, 19
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
NAME (Type) JAM ES A. ROBERTS	8907 GEORGIA AVE SILVER SPRING M
230. BURIAL, XIEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town, or caunty) (State)
XXXXXXX 7-10-61 George Washi	ngton Memorial Prince Georges Md.
24. FUNERAL DIRECTOR'S SIGNATURE Warner E Prophrey, Inc. 8434 Ga. Ave	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc. 8434 Ga. Ave	DATE JUL 11 61 Cultury 2. Thank

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TO HOSPITAL

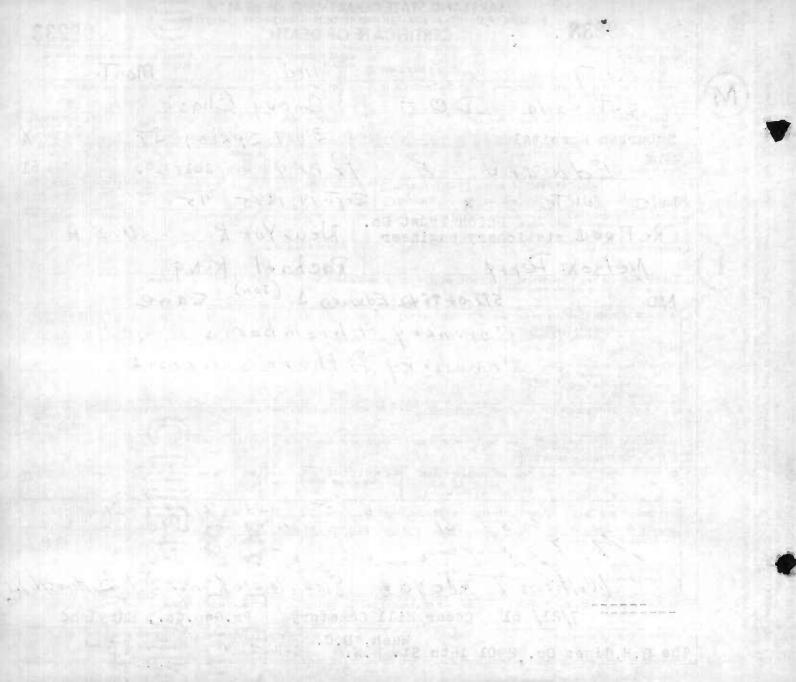
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8238

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08233

	1. 1	COUNTY MANTE	MARYLAND	a. STATE	b. COUNTY	ence before admission)
1	-	o. CITY OR TOWN (If aulside carporate limits, write	c. LENGTH OF STAY IN 1b	CITY OF TOWN UF a	utside carparate limits, write RURAL and	d give negrest town)
П		RURAL and give nearest lawn)	DO A	Cla	orside corporate minis, write kokat one	give neores rowny
		1. NAME OF HOSPITAL (If not in hospital, give street or	ddress)	d. STREET ADDRESS	y chase	e. IS RESIDENCE
		OR INSTITUTION	14.000	3000	Tagina CT	ON A FARM?
1		Suburban Hospital		*	SPRING 21	YES NO X
A	- [NAME OF First	Middle	P last	4. DATE Month OF	Day Yeor
	5. 5	Type or print) Edward	E	16774	DEATH July 19,	19 61 R 1 YEAR IF UNDER 24 HRS.
		and the state of t	- I THE TEN IN MAKIED	B. DATE OF BIRTH	lost birthdoy) Months	
	-	hale while widowed	- I	Dep1. 19, 18		
1	TUa.	. USUAL OCCUPATION (Give kind of work done Job. K during most of working life, even if retired)	on Trust Co	STRY 11. BIRTHPLACE (State	or foreign country)	TIZEN OF WHAT COUNTRY?
			y engineer	Newy	ORK	, S. H.
V	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
1		Nelson Herry		Kachae	1 KING	
4	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO , no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. IP	PORMANT	SON) Address	
		NO 578	7-03-9542 E	LWGRD J.	Same	
		18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]		•	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary	thromb	00515	ONSET AND DEATH
		420.1 DUE TO	/	6 . /		
		Conditions, if any, which	in a markery	Athoro	Salerosis	
		gave rise to immediate DUE TO		1	3272	
		cause (a), stating the <u>under-</u> (c)				
9	Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
	CATION					PERFORMED?
A	11	20a. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Part I or Port II af item 1B.)	
1	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	CAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJ		ACE OF INJURY (Hame, form		(Caunty) (State)
	MEDICAL	Hour a.m. While at work	IAOI MUITE	ctary, street, office bldg., etc.)	
	2			1/2/	= 7/19/	P 1 1
		21. I certify that (1) (this haspital) attende	/ / .	/ / 6/		6.L. that (I) (we) last
		saw the deceased alive an 220. SIGNATURE	196/_ , and that a	death accurred at 0	M, fram the causes and an t	
		The state of the s	1 de	M.D. ATTENDING ME	ED. STAFF	22b. DATE SIGNED
		22c. PHYSICIAN'S		M.D. PHYS. DI	RECTOR PHYS.	
		NAME (Type) M. Magaz	-Tayde	Since Ma	plo Pides Pd	Rothard
	-00	politians !	20/01	0105 1114	pren rage no	we mescay
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	Cemetery	23d. LOCATION (City, town, or county Pr. Geo. Co. M.	
	0.4	1//				
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wash	· D · U · · · · · · · · · · · · · · · ·	D BY REGISTRAR 25b. REGISTRAR'S	
	T	he S.H.Hines Co. 2901	14th St. N	W. DATEJU	- L C	

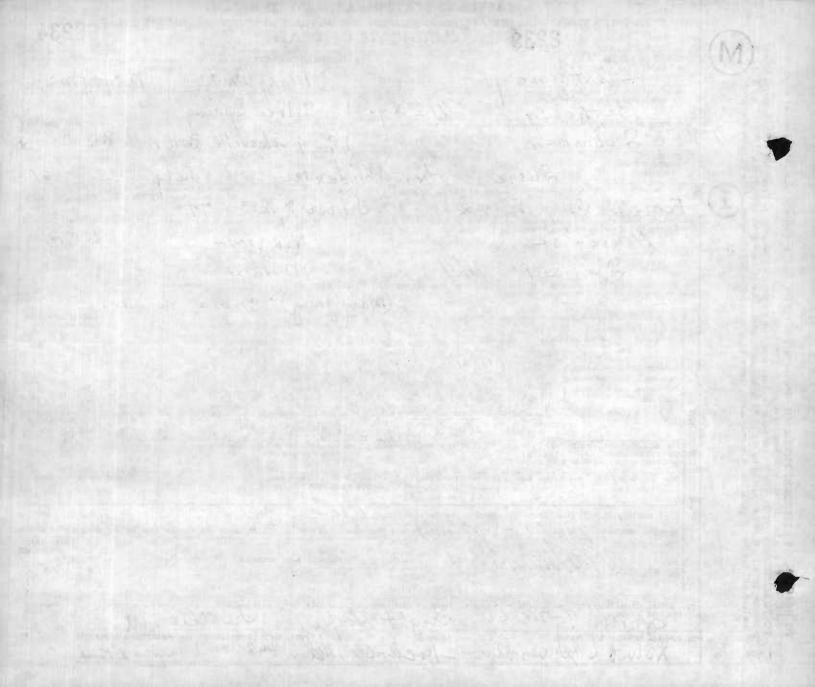


TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute within 24 hours after death. However the may be retained by the hospital or attending physician.

Yes INTERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARIL	AND STATE DEPAR	KIMENI OF HEALI	п
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301	1 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
DIVISION OF STATISTICAL RESEARCE 823\$	CERTIFICATE O	F DEATH	08234

71		PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad livad, If Institution: Ra	sidence bafora admission)
		a. COUNTY MONT JOMES MARYLAND	a. STATE MARIE MARIE B. COUNTY MA	to no see
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	n'i g news
		write RURAL and give nearest town)	15 C 1 C.	J. Commission of the commissio
		Bethesda 1/2 cage	1) Silver spring	
14	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
		Suburban	1909 Colesville Beltsville	YES NO D
		NAME OF First Middle	Lest 4. DATE Month	Day Year
Ш		(Type or print)	OF DEATH	13 196/
		ousle //N/V 10	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
)		6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	last birthdey) / Months I D	ays Hours Min.
/		remale (0). WIDOWED DIVORCED [] (Jetober 8, 1883 77 yrs.	
	10a	a. USUAL OCCUPATION (Giva kind of work natural) 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or loraign country) 12. CITIZ	EN OF WHAT COUNTRY?
		Housewife	YIRAINIA	U.SA.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN MAME	
		Sn. 1 41:11	mania	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
		as, no, or unkown) (Ifyasgivawarordatasofservice)		
		(ma	ery young). SAME as abo	
		18. CAUSE OF DEATH [Entar only ona cause per line for (e), (b), and (c).]	70 0	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11/a	2
		SO X DUE TO	1	
		Chadlas To	202/ 2000	A THE RESERVE
		Conditions, if any, which gave risa to immadiata causa	the state of the s	
		(a), stating the undarlying DUE TO	110 111. 10 -	30
		causa last. (c)	1/12 ((())	1 (10)
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	ATI	(Fra Congastro	of Henry Facility	YES NO
7	CERTIFICATION	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part t or Part II of item 18.)	
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	¥	20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20a, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (State)
	MEDICAL	Hour a.m. While Not While factor	ory, street, offica bldg., atc.)	
	×	p.m. 19 at work at work	19 1 326 11	
		21. I certify that (I) (this hospital) et ended the deceased from.	1/hely 196/, to 10/10/19.	, that (I) (we) last
		saw the deceased alive on 1 / 196 , and that	death occured at	e date stated above.
		22a. SIGNATURE	1	22b DATE
		MINIMUNICUS M.	D. PHYS. DIRECTOR PHYS.	24 hele SIGNED
		22c. PHYSICIAN'S	22d. ADDRESS	1101
		NAME (Typa)		
	730	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 234 COCATION (City, town or county)	(Stata)
	238	REMOVAL (Spacify), 7-28-61 / PL	labo presileo la	(01412)
		Ovrial 1, 50 01 1 100ght 1	to lee to the first of the second of the sec	ONLA TUDE
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
-1		Notur L' provour - Coekrel	le, Ma DATE DI arling S.	Trans
	_			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directar, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND WITGOMERY death. funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest-tewn should KOMA AICK d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION HUEMUE MUISTATINAC YES NO NO and .5 4. DATE NAME OF Middle Year Manth Day DECEASED DEATH (Type or print) 1961 IFUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Days Haurs WIDOWED T DIVORCED YES. 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) STORE KEEPER USSIA KETITED and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GARBITZ ACHE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes, give wor or dotes of service) SANITARIUM + HOSP ASH 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m. 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on M, from the causes and on the date stated above and that death accurred at 3 DIRECTOR 22a. SIGNATURE det SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR -22c. PHYSICIAN'S 22d. ADDRESS D AME (Type FUNERAL 23g, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. TOCATION REMOVAL (Specify)

25b. REGISTRAR'S SIGNATURE

Circlas & Krassa

25a. REC'D 8Y REGISTRAR

DATE

MOSPITAL

TO HOSPITAL

MOSPICAL

MOSPICAL

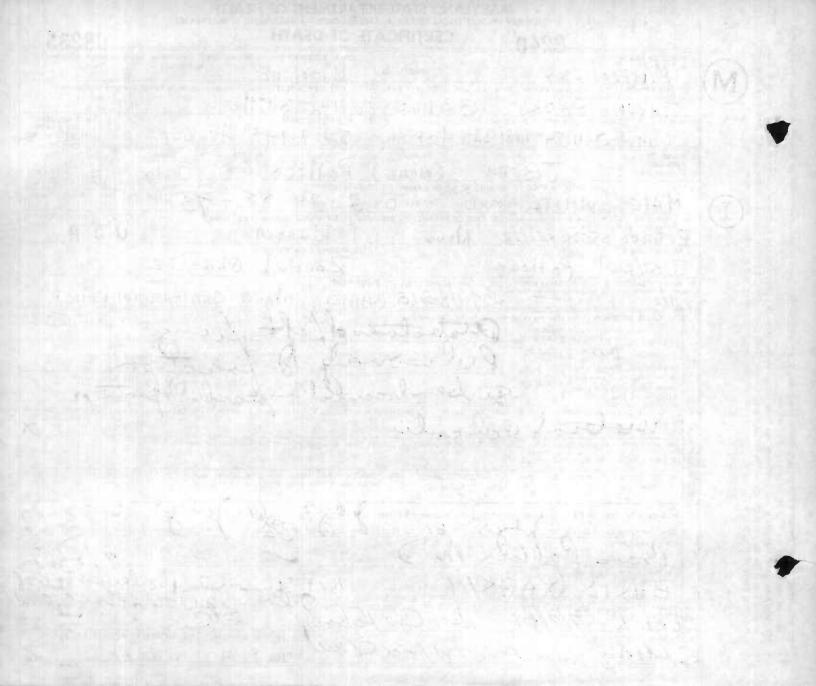
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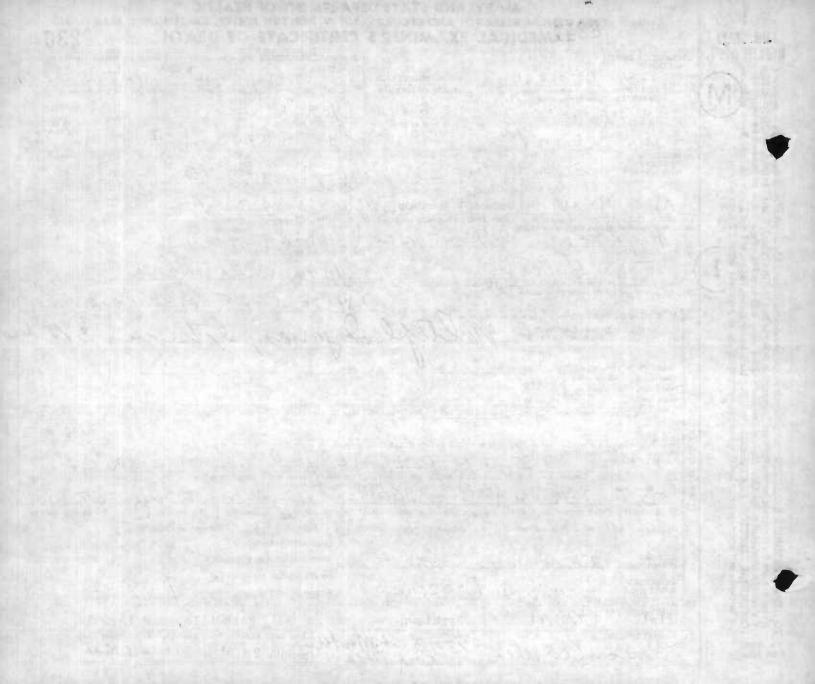
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24 FUMERAL DIRECTOR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LEIMEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give naarest town) write RURAL and give neerest town) THESD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middla DECEASED OF (Typa or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yours | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months | Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) pages 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) | (Ifyesglvawerordatesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ling for (a), to and (c).] "in pencil in lie Office along v PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to Immadiata causa "pending" DUE TO 88 (a), steting the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 1B.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Mruny car across RB, Cla Chief 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) fectory, street, office bldg., etc.) MED at work et work 다 다 다 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident V Suicide Homicide Undetermined manner scute the be forwarded at, DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, fown, or country) (Stete) REMOVAL (Specify) 7/22/61 Burial Parklawn Rockville, Maryland 5 Q40 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEJUL 2 4 '61 arthur S. Thank 5M 7/59

STATE DEPARTMENT OF HEALTH



BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission y is necessary, director. Page a. COUNTY a. STATE b. COUNTY of Health, MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION State Boar ON A FARM? YES NO I retained NAME OF DATE DECEASED OF the (Type or print) DEATH hours after death. 5 may be nd 2 with 1 hours after IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In yaers last_birthday) Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY foreign country) done during most of working life, even if retired) Give Pages 1, pages 1 13. FATHER'S NAME PM3. 1 14. MOTHER'S MAIDEN NAME File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no. or unkown) ((If yes give wer or detes of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN burial-transit p ONSET AND DEATH Office along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil DUE TO Conditions, if eny, which (b) geve rise to immediate cause 10 Examiner's DUE TO (e), steting the underlying as cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? word 9 CERTIFICA should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING 200 INJURY OCCURRED 200, PLACE OF INJURY (Home, form, Chief : 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) et work X et work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection should be forwarded to FUNERAL DIRECTOR MEDICAL Suicide Undetermined manner death resulted from: Natural causes Accident X Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER I EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION. REMOVAL (Specify) Virginia . 940 9 Transportation 7/23/61 Waynesboro 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR . Gasch's Sons Hyattsville, Md. JUL 2 6 '61 Circling S. Henris YS. AISME

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MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If Institution, Residence before sumismon a. COUNTY . MARYLAND b. CITY OR JOWN (if outside corporate limits, If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO I NAME OF paper n 72 h DATE DECEASED OF (Type or print) DEATH and cor 5. SEX AGE (In years) IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Months 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) dona during most of working life, even if retired 13. FATHER'S NAME (Yes, no, or unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PREMATURITY IMMEDIATE CAUSE (a) DUE TO (h) gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 2 - P ..., 19.6/., that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on. DIRECT Shoul ATTENDING SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) のきる Holy Cross Burial-transit Indianapolis. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Thous Bethesda, Md. PUMPHREY 15M 9/60

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after death. Poge 4 in by the funeral director, TO HOSPITA. RATENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 how may be reformed by the haspital ar otherding physician.

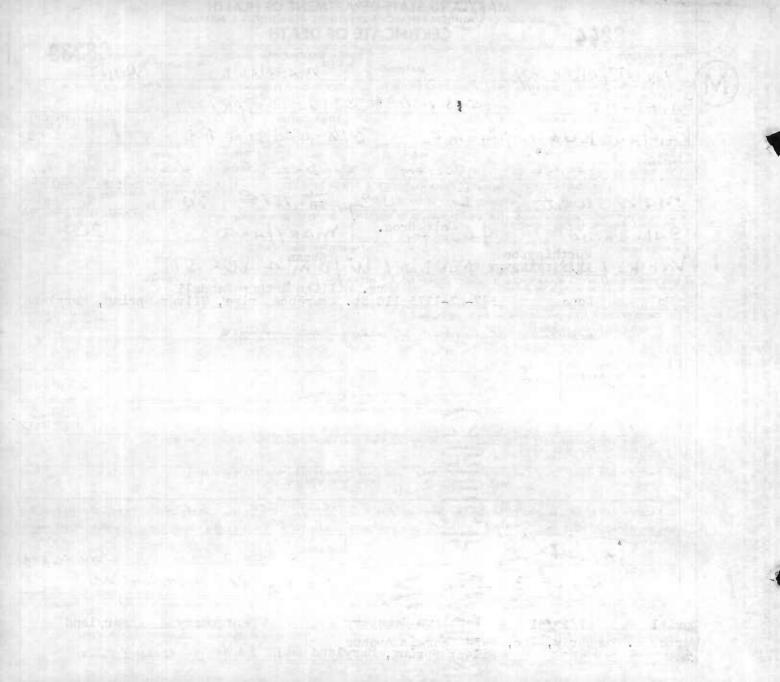
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detoched for use as the burial-transit permit. Then please remave corban papers. Pages 1 on the State Baord at Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	8244 CERTIFICA	ATE OF DEATH	
	PLACE OF DEATH D. COUNTY MARYLAND B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A. L. A. A. D. D. A. MAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give SULVER SPRING d. STREET ADDRESS	e nearest town) e. IS RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print) ALLIAM Middle WILLIAM	Lost 4. DATE Month OF DEATH LOLY ADDITION OF DEATH ADDITION	YES
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED OUTPATION (Give kind of work done during most of working life, even if retired) SALES MAN	OUSTRY 11. BIRTHPEACE (Stote or foreign country) 12. CITIZE	YEAR IF UNDER 24 HRS oys Hours Min. N OF WHAT COUNTRY S A.
115.	s, no, or unknown) (If yes, give war or dates of service)	INFORMANT S. William 'Arthur Randall' St. Lawrence Drive, Silver Spring	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the under-lying couse lost. (c) Cerebral Nat	enlar Hlmmorhau e	NTERVAL BETWEEN ONSET AND DEATH 4.
CERTIFICATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 RED. (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED? YES NO
MEDICAL	Hour o.m. p. m. 19 While Not while of work of work	foctory, street, office bldg., etc.)	unty) (Stote
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	Med accurred at 6 AM, from the causes and an the causes are caused an accordance and accordance accordance and accordance and accordance and accordance and accordance and acc	date stated abave 22b. DATE SIGNEI July 20, 196
230 Bu	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) rial 7/22/61 Parklawn Ceme FUNERAL DIRECTOR'S SIGNATURE THEREOF, Inc., 8434 ADDRESS Lyinond A Zicka. Silver Spring,	tery Montgomery Mar	



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1) 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) Items 23c & d. Film 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery Florida MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 28 Days Bethesda Jacksonville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4765 Riverdale Road YES NO The Clinical Center 3. NAME OF Middle DATE DECEASED (Type or print) DEATH July MA BET. HET EN RAPOSO 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) August 26, 1917 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foraign country) dona during most of working life, even if ratired Housewife None Massachusetts USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please ple Anna Scallon Hillard Transue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yas, no, or unkown) | (Ifyas giva war or datas of sarvice) removal The Clinical Center, Bethesda lk, Maryland 18. CAUSE OF DEATH [Enter only ona causa per lina for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Septicemia days IMMEDIATE CAUSE (a) DUE TO Acute Leukemia 4 months Conditions, if any, which gave risa to immediata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) OF CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work saw the deceased alive on....July 17.19...61., and that death occurred at 3:00. From the causes and on the date stated above may b 22b. DATE 22a. SIGNATURI ATTENDING SIGNED MED. STAFF DIRECTOR PHYS. The Clinical Center, National 22c. PHYSICIAN'S FUNER NAME (Type) Institutes of Health, Bethesda 14, Md. Robert H. Levin, M.D. ector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) 0:58 Jacksonville Meory Gardens. Jacksonville, Florida Bur-Transit 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey Bethesda, Maryland 15M 9/60 DATE!!! 2 4 '61 Chilling & Know

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Robert A. Pumphrey Hotherda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0.6.30	CERTIFICA	IE OF DEATH				882	4
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased	lived. If institution b. COUNTY	on: Residence b		
b. CITY OR TOWN (If outside corporate limits, write RURA) and give neorest town) Dickerson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpore		URAL ond give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS	En.			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Howard Cal	win Roberson	Last	4. DATE OF DEATH	July		Day 9	Year 1 61
Male 6. COLOR OR RACE 7. MAI White WIDOW	INTER CONTINUES CO	B. DATE OF BIRTH July 31-18		9. AGE (In years lost birthdoy) 75 yrs.	Months Do		1
Oa. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) Retired Garage owner 3. FATHER'S NAME		11. BIRTHPLACE (Stote Mary) 14. MOTHER'S MAIDEN N	and	untry)		S.	COUNTRY
(Yes, no, or unknown) (If yes, give war or dates of service)		Mary F.P. HOWARD Robe		Dickers			
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).]	LeuKemi	a,c	hyonic		HTERVAL BONSET AND	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	oly cythem, o	Vera				10 y .	ears
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PART 1(c	PERF	AUTOPSY ORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port or Port	Il of item 1B.)			
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While the control of the con	e Not while for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		or town)	(Cour	nty)	(Stote
21. I certify that (I) (this haspital) after saw the deceased alive an	1 11	leath accurred at 8 R		9 Jyly	19 6/ , 19 6/ , and an the de	ate state	d abave
220. SIGNATURE 22c. PHYSTCIAN'S	mith	M.D. ATTENDING ME DI	ED. RECTOR	STAFF PHYS.	C	7 Jul	SIGNE
NAME (Type) Gordon M.Smit		Barnesvi					
230. BURIAL, CREMATION. REMBULL (Specify) 7/12/61	Monocacy	R CREMATORY		ION (City, town,	Maryl	and	ote)
24. FUNERAL DIRECTOR'S SIGNATURE	on Barnesi	relle moderate	D BY REGISTE		STRAR'S SIGNA		

may be recorded by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPIT VR A1S (4) 1SM 9/59

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 l

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

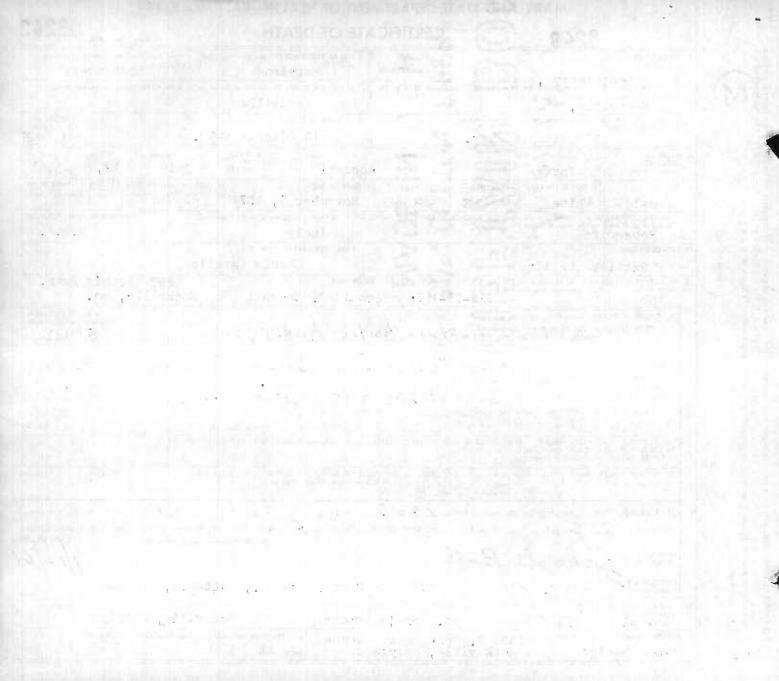
8249 CERTIFICATE OF DEATH

Reg. Dist. No.

08242

1. PLACE OF DEATH o. COUNTY	t dome ry		MARYLANE	O STATE	DENCE (Wharylar		d lived. If institution b. COUNTY		omery	
	(If outside corporate limits, nearest town)	, write c. LEI	NGTH OF STAY IN 18		Town (If o		rote limits, write R	URAL and give	nearest to	₩n)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospitol, giv 213 Ritchie		5)	d. STREET		chie P	wky.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Teresa		Middle	Roccati	st	4. DATE OF DEATH	Mon July	th 12	Day	Yeor 1961
5. SEX Female		7. MARRIED 🗌	NEVER MARRIED DIVORCED	8. DATE OF BIRT		1877	9. AGE (In years lost birthdoy) yrs.	Months Do	YEAR IF UNI	
100. USUAL OCCUPATE during most of wo Housew	ON (Give kind of work dorking life, even if retired)	nne 10b. KIND	OF BUSINESS OR IN		ACE (Stote	or foreign co	ountry)	12. CITIZEI		COUNTRY
13. FATHER'S NAME Batti	sta Pellino	104		14. MOTHER'S		ia Var	ello			
	ER IN U. S. ARMED FORCI (If yes, give war or dates of serv	vice)		INFORMANT Arnold J.	Rocca	ati		G"Ritch		ky.
Conditions, if gove rise to cause (o), stoting lying couse lost	the under DUE TO	HyPar	Tensive	Cordio Asteri	Vasc Sci	leres	Discession	e ,	PERI	17. 17.
OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUIT Hour o. m. 21. I certify the alive an	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year	20d. INJURY While of work deceased from	Not while the work	PLACE OF INJURY factory, street, office	(Home, forme bldg., etc	2 July	or town)	d an the d	saw the	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI- REMOVAL (Specify	John G. Ba	22c.	NAME OF CEMETERY			22d. LOCA	TION (City, town,	or county)	(S1	tote)
Burial 23. FUNERAL DIRECTO Tyson Whee	R'S SIGNATURE 1:	331 E. 1	St. Mary; Monggomery lle, Maryl	Avenue	24a. REC'	D BY REGIST		Mary I STRAR'S SIGN	ATURE	

VS A15 (4) 15M 9/5B



pleter, filled in by the funeral apers. Pages 1 and 2 should 72 hours after death githin 24 hours after TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death. Note 4 may be retained by the hospital or attending physician.

Yes TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completened director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

See filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

	MAKYLA	MD SIAIF DE	PARIMENI O	REALIM	
DIVISION OF AT	ATISTICAL RESEARC	H AND RECORDS,	301 W. PRESTOR	N STREET, BALTIMORE	I, MARYLANI
02.	00	CERTIFICATE	OF DEATH		02

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a. COUN	OF DEATH		a. STATE	CE (Whare deceased lived, If i b. COUN	nstitution; Rasidance before admission) TY
Mon	teomery	MARYLAND	Virginia		
b. CITY	ROWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR FOWN I	oulsida corporata limits, write	RURAL and give nearast town)
write	RURAL and give neerast town)				X 2 X - 3
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d. NAM	hesda (Rural) E OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
					ON A FARM?
IT.	S. Naval Hospital		506 Pota	rick Henry Driv	YES NO X
3. NAME		Middle	JUO FAUL	4. DATE Month	Day Year
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(Type or	print) Alargo	Duke	Dados	DEATH Tagles	11 19 61
F CFW	Alyce		Roden	July	
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthdey)	
-			0 00 0		Months Days Hours Min.
Fema			12-28-84	76 yrs.	
		KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (Coun	ly & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during	g most of working life, even if retired)				
Hous	ewife -		Mississipr	าว์	USA
13. FATHER			14. MOTHER'S MAIDEN		
1/477	iam Rilev Burke		Marry Magle	775	
15 WAS D	ECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 1 17 T	Mary Mosle	Address	
	unkown) ((Ifyesgive war or dates of service)	. SOCIAL SECORITI NO. 17. 1	MICAMANI	Vadiese	
	417009170401010000001001100	Nama (D)	Man Manus I	former Came of	and 4 2 above
No			Mrs. Mary M	leach Same a	as # 2 above
18. C2	AUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).	0		INTERVAL SETWEEN
P.	ART I. DEATH WAS CAUSED BY:	+ 100	54	2	ONSET AND DEATH
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14	1 1	, ,	, , ,		
	DUE TO	1 + .	100		1/2/
Conditi	ons, if any, which \ (b)	tarel 100	MyxChid	w	48 Ms
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	ating the underlying DUE TO	<u></u>	-0. 11	1	2 - 544 . /
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Z PA	RT II. OTHER SIGNIFICANT CONDITIONS CO	MIKIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	PERFORMED?
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3					113 21 110 11
		SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	
OR CO	NTRIBUTING CAUSE OF DEATH				
	ER, NOTIFY MEDICAL EXAMINER)				
WEDICAL	IME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	, 20f. (City or town)	(County) (Slata)
8 -	hour a.m. Whi	to a	ory, straat, office bldg., etc.		
AET.		ork at work			
	p.m. 17				
21.	certify that 🐧 (this hospital) atter	nded the deceased from	July 2	1961, to July 1.	, 1961 that W) (we) last
	. /. Tapler 11	10 67	1 1 -1 -1	12.PM	and an the date stated above
saw 1	he deceased alive onJuly 11		death occured at 1.	LAVI, Thom the causes	
22aJ S	IGNATURE	1 0			22b. DATE
1/	1. Vat			MED. STAFF	SIGNED
	Ilmon o	M	.D. PHYS.	DIRECTOR PHYS.	7-11-61
2200	HYSICIAN'S		22d. ADDRESS		
	A ME (T)	T ODD WO HOW	77 0 37	T Handahar De	though Ma
	VERNON N. HOUK	LODR MG USN	U. S. Nava	al Hospital, Be	otnesda, Ma.
	A CONTRACTION OF A STATE THEORY	LOS MANT OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn or county) (State)
23a. SURIA	L, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OK CREMATORT	25d. LOCATION (City, low	vir or county) (State)
		7 D 7 D-7		Ct Dotomobio	na Fla
Buri	alShippment 7-12-6	1 Royal Palm		St. Petersbur	
24 FUNERA	I DIDECTOR'S SIGNIATURE	ADDRESS		'D BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
200	your wheeler		111	L 1 3 '61 Cin	ilus S. Krous
Tyso	n Wheeler, Rockville,	Md.	DATE		- A2. / V

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HE	Division of ba	ATISTICAL RESEA			REET, BALTIMORE 1,	MARYLAND
EDT :		MEDICA	L EXAMINER'S	CERTIFICATE C	OF DEATH	08244
71.	PLACE OF DEATH			2. USUAL RESIDENCE (WH	here daceased lived, If institution	Residence before admission
1	montg	ornery	MARYLAND	mary	10.20	mon 195me
1	b. CITY OR TOWN (if out	side corporeta limits, (a naerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out fid	a corporata limits, write RURAL	and give nearest frown)
	TIER DO	OR INSTITUTION (if not in hi	ospital give street address)	d. STREET ADDRESS	2 Sda	IS RESIDENCE
9		9/- 5/2 20	171 ==	1/2/2	Q0hn5677	ON A FARM?
	NAME OF	SM i Sal M	7 No D	Last 4. D)	ATE Month	Dey Yes NO
	Type or print)	Rohok	ah Sara	h Suberile Di	EATH 7	28 196/
	SEX 6.	COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
	temale	White WIDOW	/ED DIVORCED	July 1-61	lest birthdey) Months	Days Hours Min.
	a. USUAL OCCUPATION one during most of working		KIND OF BUSINESS OR INDUST	11. BIRTH LACE (State or forei	gn country) 12. (CITIZEN OF WHAT COUNTR
	. FATHER'S NAME			D.C.		4159
1		Z. SENENI	KER	14. MOTHER'S MAIDEN NAME	KRUGER	
1	2744		S. SOCIAL SECURITY NO. 17.		Address	
1	es, no, or unkown) (Ifyess	givawarordates of service)		I.I. SCHENKER		user Av.
	18. CAUSE OF DEAT	TH [Entar only one cause per	line for (e), (b), end (c).]			INTERVAL BETWEEN
	PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (a) Pu	lmonary atele	ctasis and pulm	onary	ONSET AND DEATH
	762.0	DUE TO	alveol	ar insufficienc	У	
	Conditions, if any, w	101				
	gava rise to immediate of (a), stating the underl	DITE TO				
	causa lest.) (c)	NTDIBILITING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	EASE CONDITION CIVEN IN D.	PT 1/21: 10 WAS ALITORS
7	PARTII. OTHER SIG	MITCART CONDITIONS CC	NINDOINIO TO DEATH DOT N	OT RELATED TO THE TERMINAL DIS	LASE CONDITION GIVEN IN FA	PERFORMED?
7	20a. EXTERNAL CAUSE		RIBE HOW INJURY OCCURED.	(Enter neture of injury In Part I or Pa	art II of item 18.)	YES NO
	PRIMARY Or CONTRI	IBUTING []				
	20c. TIME OF INJURY			ACE OF INJURY (Home, farm, 20f.	. (City or town) (C	ounty) (State)
	Hour e.m.	19 Whi	1101 1111110	Jory, sireer, office bydg., erc.)		
	21. I certify that I	took charge of the re	mains described above, h	eld an Autopsy X, Inspec	ction , Inquiry ,	and in my opinion
		n: Natural causes	, Accident , Sui	cide, Homicide,	Undetermined manner	
1	death resulted from				ro G	
9		2	2	CHIEF MEDICAL EXAMIN		
8	death resulted from	rand J.1	Browhart		KAMINER [DATE SIGNED
2	ACTUAL SIGNATURE EXAMINER'S	rand J. 1	Breekast.	M.D. ASSISTANT MEDICAL EXAM	KAMINER T	DATE SIGNED
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	LANKT, 1 22b. DATE THEREOF	Brochart Brochart 22c. NAME OF CEMETERY C	M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Addrass (Streat, city, tow	KAMINER T	29-61
3	ACTUAL SIGNATURE EXAMINER'S NAME (Type) a. BURIAL, CREMATION, REMOVAL (Specify)	LANKJ. 1 22b. DATE THEREOF JULY 30,1961	Brechart Broschart 22c. NAME OF CEMETERY C ADAS ISR AE	DEPUTY MEDICAL EXAM Address (Street, city, tow	(AMINER INER 7 - 7	29-61
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	- 1- 1-1	22c. NAME OF CEMETERY C	M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Address (Street, city, tow R CREMATORY) 22d. I	CAMINER TO	29-61 (Stete) DC.

THE RESIDENCE STREET, CHEST PARTY AND RESIDENCE Company of the second of the s

ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNT b. COUNTY by the and 2: MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town MKOMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Dev Middle DECEASED OF DEATH (Type or print) 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED yeers | IF WINDER 1 YEAR IF UNDER 24 HRS. 5 SEX AGE (I finday) Months Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY ACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAM MOTHER'S MAIDEN NAME attending ā 15. WAS DECEASED EVER IN US. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED prior 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (Stete) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (1) (this hospital) attended the deceased from ... and that death occured at a.M. from the cautes and on the date stated above. saw the deceased alive on. 220. SICHATURE 22b. DATE ATTENDING SIGNED 317 UNIV. BLVD. EAST 22c. PHYSICIAN'S NAME (Type) SILVER SPRING, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION LATION wn or county) (Stete) EMOVAL (Specify) 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur S. Kines

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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b. CITY OR TOWN	Itgomery (If aulside carporate limits, write nearest lawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
OR INSTITUTION	ITAL (If not in haspital, give street	unknown	d. STREET ADDRESS 5915 Namakagan Road o. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First Luther	Middle Eberts	Last 4. DATE Menth Day Year
s. sex	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HOUSE birthday) Months Days Hours Mit
0a. USUAL OCCUPAT	ION (Give kind af wark dane 10b. rking life, even if retired)	. KIND OF BUSINESS OR INDU	DSTRY 11. BIRTHPLACE (State or foreign country) O. Washington. D. C. U.S. A.
3. FATHER'S NAME	The Company of the Co		14. MOTHER'S MAIDEN NAME
Edmund E	. Schreiner		Caroline C. Davis
S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16.	577-22-1710	Helen H. Schreiner -same as 2-d
Canditians, if gave rise to cause (a), stating lying cause last	immediate g the under-	CONTRIBUTING TO DEATH BU	THO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTO
PART II. OT	AS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH PROJECT EXAMINER CONTROL OF THE CONT	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I ar Part II of item 18.)
-	While	E.a.	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (Slactory, street, affice bldg., etc.)
saw the deced	at (I) (this haspital) attendated alive on July	7 8 / 1	death accurred and M from the causes and an the date stated about
22a. SIGNAURE	P Kylus	ed	M.D. PHYS. DIRECTOR STAFF DIRECTOR PHYS. 7-23
22c. PHI SICIAN'S NAME (Type)	PUNTI	-AND	440049 GNW Washingtone (6
crematio	n 1/24/61	Ft. Lincoln	n Crematory Prince Georges Co. Md.
4. FUNERAL DIRECTO		ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S. H	.Hines Co. Wa	shington, D.	. C. DATERUL 25'61 Galler 9 H

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8254 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNT o. STATE b. COUNTY MARYLAND のつけられつかをアス b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give hearest town) RURAL and give neorest town) d. NAME OF HOSPITA (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE **OR INSTITUTION** ON A FARM? YES NO Dron NAME OF First. Middle Lost 4. DATE Yeor DECEASED (Type or print) DEATH 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years OF UNDER 1 YEAR IP UNDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED D DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) braska 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CO off move WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 2111 YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notire of injury in Part I or Part I) of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m of work of work 21. I certify that Lattended the deceased fram 19 (2) that I last saw the deceased that death accurred at 4.20 alive an and PM, fram the causes and on the date stated above. ADDRESS'(Street, city(or)town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) town, or county (Stote) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 161 DATE AUG 3 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

LA O. V. Barrier L. Contraction of	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8255 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed fixed, If institution, Residence before edmission, a. COUNTY b. COUNTY NION ELMER MARYLAND mentelinex; the day by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) deal .E.T. 72 hours after Pages lled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO.T papers. completely NAME OF 4. DATE Dey DECEASED (Type or print) 19 and cor 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) dona during most of working life, even if retired) KESTG 13. FATHER'S NAME please = death attending Then WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c). ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed he burial-fransit DUE TO Conditions, if eny, which gava rise to immediate ceuse DUE TO (a), stating the undarlying ceuse lest. certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? the hospital 0 NO prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. et work et work 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Page 4 O FUNERAL 22d. ADDRESS NAME (Type) director, 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Quince Orchard, Mi. Pleasant View. 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 arihun & Trasse DATE JUL 1 7 '61

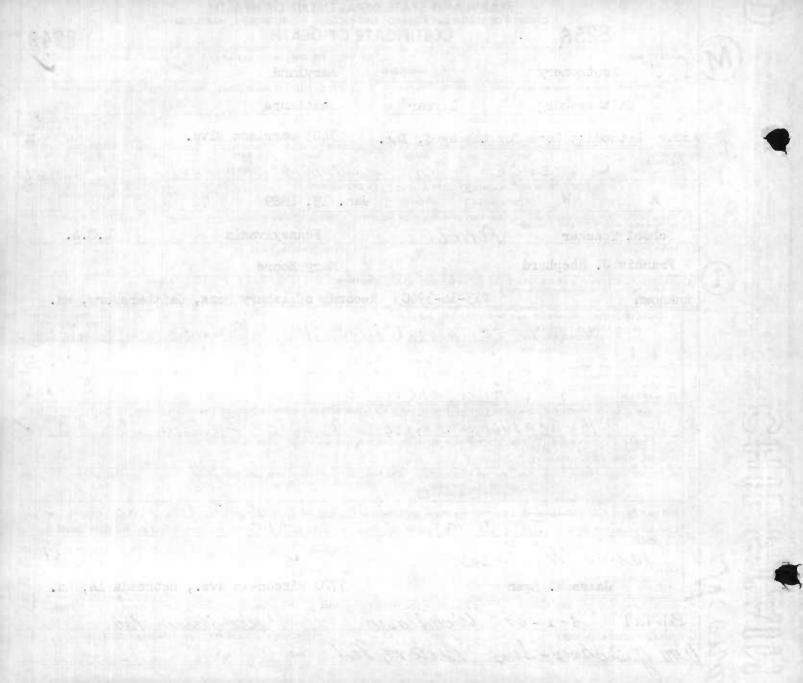
ND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY Montgomery MARYLAND eral be b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Gaithersburg P Baltimore l vear d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3405 Garrison Blvd. Asbury Methodist Home for the Aged, Inc. YES NO X NAME OF Month Day Year DECEASED DEATH (Type or print) 196 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH last birthday) Months Jan. 13. 1889 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. School Teacher Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME c Francis J. Shepherd Mary Moore 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Records of Asbury Home, Gaithersburg, Md. unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? CC11116 YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) urial. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat while While p. m at wark at wark 21. I certify that (I) (this-hospital) attended the deceased fram._ , and that death accurred at 1:40M, from the causes and on the date stated above. 196 saw the deceased alive an J 22a. SIGNATURE 22b. DATE ATTENDING M.D. DIRECTOR [22d, ADDRESS 7720 Wisconsin Ave., Bethesda 14, Md. James W. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BUPIA (Specify) 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/59

death.



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0 0	1	_	8257 CERTIFICATI	OF DEATH		00200
plnods	-	1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased in	ved, If Institution: Reside	nce before admission)
7 2	M	1	Montgomery MARYLAND			
١	A.	V	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN If outside corporete lim	ts, write RURAL and great	nearest Wn)
	~	1	Bethesda 12 days	54 Talcome Penls		
	inst		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS Takoma Park		e. IS RESIDENCE ON A FARM?
1	0.14		Suburban	7620 Maple Ave.		YES NO
		3.	NAME OF First Middle DECEASED	Last 4. DATE OF	Month Day	Yeer
			(Type or print)	onton	July 16	19 61
		5.		8. DATE OF BIRTH 9. AGE (I	yeers IF UNDER 1 YEAR	IF UNDER 24 HRS.
			Female White WIDOWED DIVORCED	5/28/02 lest bir	yrs. Months Deys	Hours Min.
		10	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign	ountry) 12. CITIZEN	OF WHAT COUNTRY?
		d	one during most of working life, even if retired)	Conn.	TT	S.A
/		13	Homemaker FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u>U</u>	UAR
			. var* " "	Manus II-		
		15	William Davern . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary wer Byrn	Address .	
	1	(Y	es, no, or unkown) (Ifyesgive wer or detes of service)	77 1 1 0		
		-	No 577-01-0305 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Husband Same as above	1 1 1	TERVAL BETWEEN
				Tis - POST. OP.	O	NSET AND DEATH
				113 - 103,01		
		1	Conditions, if any, which) (b) CASTRIC BLA	EDING - GENERALIZED 1	nucosa	17 DAYS
			geve rise to immediate cause	REDING OLMERALIZED I	7000372	77 2110
			(e), steting the underlying DUE TO ceuse lest. Operation:	Gastrectomy		
		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		ON GIVEN IN PART 1(e)	19. WAS AUTOPSY
		ST.				PERFORMED?
	2	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURI	D. (Enter neture of injury in Pert I or Pert II of item	18.)	Ito IA III
	-	CERT	OR CONTRIBUTING CAUSE OF DEATH			
		7		ACE OF INJURY (Home, ferm, 1 20f. (City or town	(County)	(State)
		MEDICAL	Hour e.m. While Not While	ctory, street, office bldg., etc.)		
		×	p.m. 17	3 Tuly 1061 11	TUL 10/1	
			21. I certify that (I) (this hospital) attended the deceased from			
			saw the deceased alive on 16 JUL 19.6/., and the	it death occured at.6.4.M, from the c	auses and on the	
			22e. SENATURE	ATTENDING MED. STAF		22b. DATE SIGNED
		9	22c, PHYSICIAN'S AU CUNULLY OF	PHYS. DIRECTOR PHYS	176	. 61
	-		NAME (Type)	11607 Woodside	Pr. Sil	2.1. VAX
	-1	=	L. Marshall Cuvillier Jr.	OR CREWATORY 1224 LOCATION	City, town or county)	cus regerin
		23	REMOVAL (Specify)			(31816)
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o. COUNTY death. NAME OF DECEASED death. (Type or print) S. SEX after Male Clerk and (Yesho, ar unknown) burial-transit the DIRECTOR FUNERAL 0

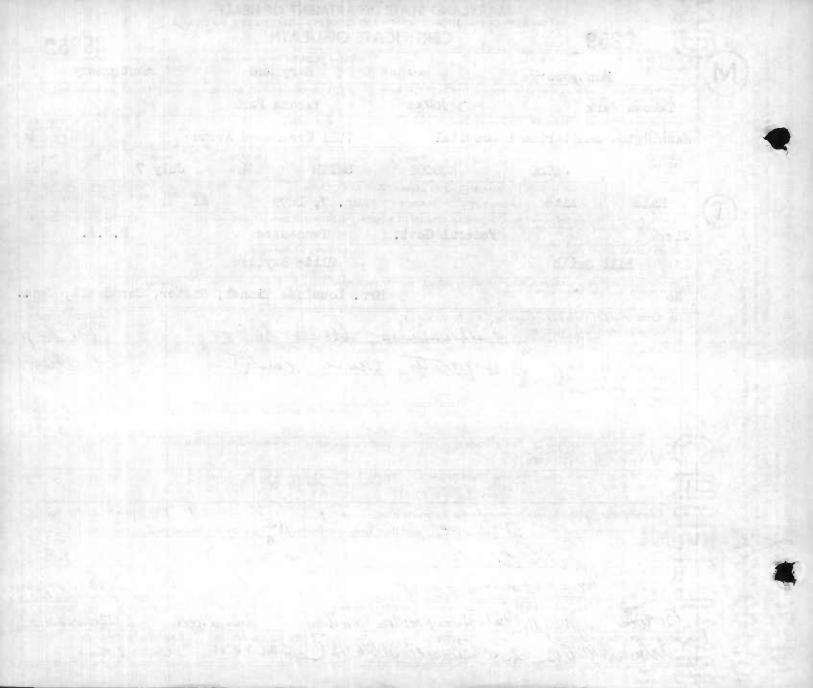
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

8259 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town)
Takoma Park 2 wacks Takoma Park d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Washington Sanitarium & Hospital ON A FARM? 7711 Greenwood Avenue YES NO PA Middle 4. DATE Month Year JACOB ROSCOE SMITH July DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH lost birthdoy) Months Dovs White Aug. 7, 1899 DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Federal Govt. Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ollie Bayliss Bill Smith 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Lousinda Tinnel, Sister, Speedwell, Tenn. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that (!) (this haspital) attended the deceased fram... saw the deceased alive an , and that death accurred at AT M, fram the causes and an the date stated above. 22o. SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) (Stote)

25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR arthur & Krays



W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased livad, If institution, Residence before admission a. COUNT b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town) HOSPITAL OR INSTITUTION (if not in hospital, give street IS RESIDENC ON A FARM YES NO4 3. NAME OF Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years ME UNDER YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or foraign country) dope during most of working life, even if retired) ORK Occupt 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO W 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm,) 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1953 to 7-10 1964 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from......, 1961, and that death occured at 205M, from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 10881 COLESVILLE RD S. BRESLER 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) KING DAVID MEMORIAL GACDEN 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & House

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W. PRESTON STREET, BALTIMORE 1, MARYLAND 8261 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission e. COUNTY b. COUNTY by the and 2 death. MARYLAND rince 90me c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Autsida corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, write RURAL and give negrest town) Caus a erw cma d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address ON A FARM? YES NO 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 196/ a vi AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED test birthdey) Months DIVORCED WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Own home 5e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Same Husba Done the 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH been signed by IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART 1(a): 19. WAS AUTOPSY PERFORMED? NO prior 20b. PESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, ferm,) (Stete) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While at work et work may be retaine DIRECTOR: 7 - 30 , 19.6.1, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from..... / and that death occured at ... A.M., from the causes and on the date stated above. saw the deceased blive on...... 22b. DATE 22e. SIGNATURE ATTENDING STONED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME ITY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e. BURIAL, CREMATION, | 23b. DATE THEREOF Ft Lincoln Cemetery 1961 0:58 Colmar Manor, Md. ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) F: Gasch's Sons Hyattsville, Md. Orthur & Kraus 15M 9/60

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DEPARTMENT OF HEALTH

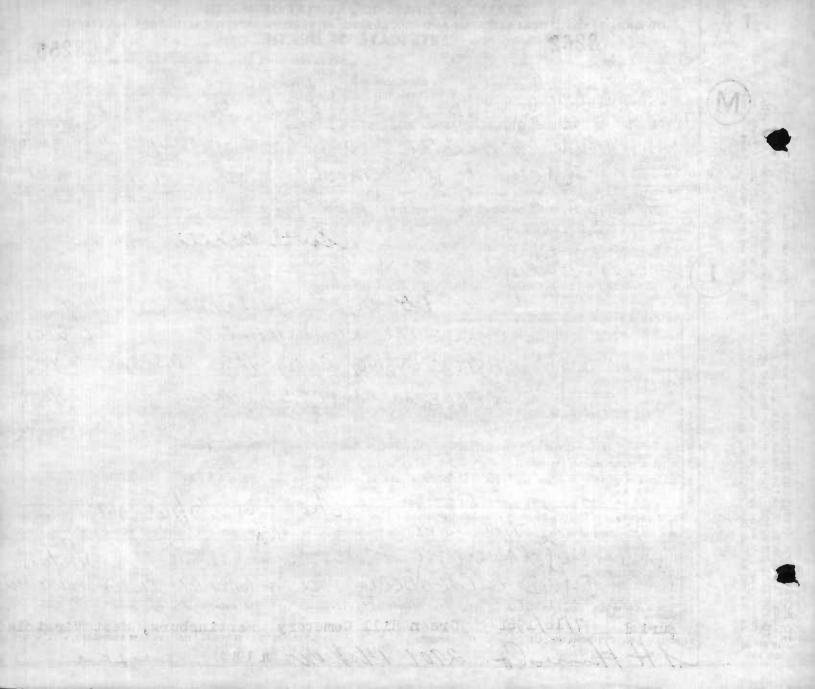
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8262 CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidanca baiora edmission 1. PLACE OF DEATH a. COUNTY MARYLAND the 12 b. CITY OR TOWN If outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (Moutsida corporete limits, writa RURAL end give neerest town) write RURAL and give nearest town) . = Pages ed. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO completely papers. NAME OF DATE Middle Month Day Year DECEASED OF (Typa or print) DEATH 19 = withi carbon AGE (In yeers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Hours DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? nty & Steta, or foreign country) done during most of working life, evan if ratired please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . 5 attending and Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal. (Yas, no, or unkown) | (If yes giva war or detas of sarvica) the 18. CAUSE OF DEATH [Enter only one ceuse per lina for (e), (b), and (c) INTERVAL BETWEEN affending physician. signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which (b) After this certificate has been gava risa to Immadiata causa DUE TO (e), stating the undarlying GRIOSCIEROSI causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as 9 NO prior detached for use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Hour a.m. Whila Not While at work et work DIRECTOR 19.6 / that (1) (**) last 21. I certify that (I) (this hospital) attended the deceased from...... ..., and that death occured at //) M, from the causes and on the date stated above. saw the deceased alive on 220. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. FUNERAL ector, page ADDRESS 22d. 22c. PHYSICIAN'S 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) P G 0 Green Cemetery Martinsburg. B West 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Chilma & Haus

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RYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8264 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland by the and 2 death. Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give neerest town) 32 days Bethesda (Rural) Crownsville E 7 2 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS papers. Pagin 72 hours a ON A FARM? YES NO X U. S. Naval Hospital mpletel NAME OF Middle DATE Month 4. DECEASED OF (Type or print) DEATH 1961 July SULLIVAN Paul AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthday) Months and Hours Min. Caucasian WIDOWED DIVORCED Male event, 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 0 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired USA S. Marine Corps Officer Texas 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please affending I Then please .= Mary BURNS and William SULLIVAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive war or datas of service) removal, Esther Sullivan, same as #2 above Yes ng physician. 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed ne burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ENDING PHYSICIAN:
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF-STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) COUNTY the 1d 2 sath. MARYLAND tapmer CITY OR TOWN (if outside corpo ate limits, c. LENGTH OF STAY IN 1b OR TOWN (If outside corporete limits, write RURAL entil give neerest toy n) de and akoma OVE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE papers. Pag a 72 hours ON A FARM? YES NO TO completel NAME OF DECEASED OF (Type or print) DEATH 196 carbon 5. SEX 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) pue Months Hours WIDOWED DIVORCED гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Conductor 13. FATHER'S NAME ding d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wer or dates of service) (Yes, no. or unkown) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. hospital or certificate h PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES prior 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) ched for Health pr OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Dey, Yeer (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work p.m. 22e. SIGNAJURE ATTENDING SIGNED DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN' 22d. ADDRESS NAME (Type 230. BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0.5 Arlington National Cemetery Arlington, Virginia ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Spring, Maryland DATE !!! Chathar & House

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ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND (if outside cont c. LENGTH OF STAY IN 16 limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? hours YES NO papers. n 72 ho NAME OF completel Month DECEASED OF (Type or print) DEATH 19 61 5. SEX B. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours WIDOWED physician a 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foraign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? or unkown) | (If yes give war or dates of service 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UREMIA CARCINOMATOSIS IMMEDIATE CAUSE (e) DUE TO CARCINOMA OF BLADDER geve rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? CONGESTIVE CERTIFICA use prior 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af et work et work 21. I certify that (I) (this hospital) attended the deceased from DECEMBER 1960, to 5 1961., that (1) (we) last 22e. SIGNATURE 22b. DATE SIGNED ATTENDING, DIRECTOR PHYS. FUNERAL ADDRESS CARROLL 23d. LOCATION (City, town or county) OH 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

chart care that I so days - will me the 1-14-63 Direct C. Arms C. Charle 1124 1868 ALMOND TO LIESTER OWNERS ALT MAGGRAR RO Alternation A.S. Branches CONFESTING HOME PHICKEL S JULY S DOCKMAN S SULLY IN S Marie Commence - Francis Comment MERRILL C QUINOWAN JR BLOW LIBRORN BUE HAROMA POTTER MA Burel 7-8-61 - Electioned Comelly Washington & re-Telink Teiery Lone to 3005-14 April 100 10 10 100 100 MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
8267	CERTIFICATE	OF DEATH	08260

) [1. PLACE OF DEATH			2. USUAL RESIDENCE	CE (Where decessed lived, If In:	stitution: Residence before admission)			
	Montgomery	Montgomery MARYLAND			b. COUNTY				
	b. CITY OR TOWN (if outside		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, writa R	RURAL and giva naerest town)			
	Bethesda (Rura		17 days	Quantico					
-	d. NAME OF HOSPITAL OR II	NSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS		. IS RESIDENCE			
À	U. S. Naval Ho			Qts. 2066	A, MCS	YES NO X			
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year			
	(Type or print)	Emily	Jackson	TATES	OF DEATH July	14 19 61			
	5. SEX 6. COL	OR OR RACE 7. M	ARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In yeers II				
	Female Neg	gro wi	DOWED K DIVORCED	12-6-99	61 yrs.	Months Deys Hours Min.			
	10e. USUAL OCCUPATION (Giv	a kind of work	106, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Housekepper	,	Home	Virginia		USA			
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Unknown			Agnes JACKS	SON				
1	15. WAS DECEASED EVER IN U.S			INFORMANT (Son)	Address				
	(Yes, no, or unkown) (Ifyesgive	werordetesofservice			hnson USMC MCS,	Quantico. Va.			
3		nter only one cause	e per line for (e), (b), end (c).)	11 11101101010100	1110011 00110 1100,	INTERVAL BETWEEN			
4	PART I. DEATH WAS C	AUSED BY:	lenocarcinoma, bre	east with met	astasis	ONSET AND DEATH			
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		DUE TO							
	gave rise to immediate cause	Conditions, if any, which (b)							
		(a), stating the underlying DUE TO							
	cause lest.								
	PART II. OTHER SIGNIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
	CATIC					YES NO X			
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		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	0	factory stood office bldg atc.)							
	Nour a.m.	Tiour sent							
	21. I certify that (1) (this hospital) attended the deceased from. June 27, 19 61, to July 14, 19 61, that (1) (we) last								
1	saw the deceased aliv	saw the deceased alive on. July 14 19 61, and that death occurred at TPM, from the causes and on the date stated above.							
1	220. SIGNATURE	1)				22b. DATE			
		22c. PHYSICIAN'S M.			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 7-15-61 MED. 22d. ADDRESS				
	22c. PHYSICIAN'S								
	NAME (Type)	RYSKAMP,	JR., LT, MB, USN	U. S. Nav	al Hospital, Be	thesda, Md.			
	23a. BURIAL, CREMATION, 231	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Steta)			
1	Burial 19	JULY 196	1 MT CALVERY		AA COUNTY ,	MD			
H	24 PHYRAL SIDETOR'S SEN	ATURES O	ADDRESS Balti	more 25e. REC	D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE			
	R.A. ELLIOTT & DE	aughter 1	Telle Date		IL 19'61 Con	hung & Fernes			
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TO HOSING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Percent may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00000

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1.	PLACE OF DEATH 16 293	1. USUAL RESIDENCE (Whare deceased lived, If Institution, Residence before	ra admission)
	o. COUNTY Montg MARYLAND	o. STATE Maryland b. COUNTY Mont	E
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silverspring Rural. 2Yrs	c. CITY OR TOWN (It guisside experate limits, write RURAL solve nearest Middlebrook, Germantown Silvers pring.	town)
0	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) Marilea Rest Home		RESIDENCE
3.	NAME OF First Middle DECEASED (Type or print) Minnie Hungerford	OF TO	9 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		DER 24 HRS.
	Female White widowed A DIVORCED	May 17-1878 lest birthdey) Menths Pays Hours	
10 d	to USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Huse Wife	HERY 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHA	
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Peter Hungerford	Harriet Little	
	as, no, or unkown) (Ifyes give wer or dates of service) 16. SOCIAL SECURITY NO. 17.	1 1 1 2 2 2 1 2 1 2 1 2 1 2 1 2 2 1 2 2 1 2	
-		Marilea Rest Home Records (As 2	
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immadieta causa (a), steling tha underlying cause last. (c)	l'accedent de Caroca de l'Amilia de Caroca de l'accedent d	
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MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL. While Not While at work at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) ectory, street, office bldg., etc.)	(State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	at death occured 2) (we) las
	228. SIGNATURE Cogen Zul	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7- 9	SIGNE
	22c. PHYSICIAN'S MAME (Type) John Rogers	22d. ADDRESS 1919 Sezuli 2ry	166
2:	BE BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(State)
	Burial 7-31-61 Ferest Oak	k Gaithersburg. Md.	
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	Ernest C. Gartner. Gaithersburg.	M.d. DATE AUG 3 '61 - Lan & Kings	

inding physician and completely filled in by the funeral please remove carbon papers. Pages I and 2 should and in any event, within 72 hours after death. death. For a may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho TO HOS death. F. 4

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DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before a dmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give peerest town 15000 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF DATE Middla DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retirad) Chicago, Illinois 27-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Æ. and Unknown 16. SOCIAL SECURITY NO. MY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Tobin (Yes, no, or unkown) | (If yas give war or datas of sarvica) Shady Side. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which (b) gava rise to immadieta causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION prior 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURIO, (Enter netura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, streat, office bldg., etc.) Not While Whila Hour a.m. et work at work 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on... ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Takoma Park. Md. Carrol Ave. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) 7/19/61 Gate of Heaven Cemetery Buria Montgomery Maryland Georgia Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE WATNET E. PUMDITEY Inc. 8434 Chilmy & Thous 15M 9/60 Silver Spring, Maryland DATAIL

 IS RESIDENCE ON A FARM? YES NO

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PLACE OF DEATH						E (Where decess			Residen	ce before e	dmission
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	al Hospital			11 49	966 Al	lan Road					NO X
NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month	7	Day	Yee	
(Type or print)	Sime		Owen	Tolar		DEATH	July		25	19	61
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	RTH		E (In yeers birthday)			IF UNDER	
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in. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	1Db. KII	ND OF BUSINESS OR INDUS	STRY 11. BIRTHP	LACE (Count	y & State, or forei	gn country)	12. CI	TIZEN O	F WHAT	OUNTRY
Armed For			S. Navy	Non	th Car	rolina			U	SA	
B. FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME	S. LE				-
Frederick	S. Tolar			Calı	idia Bi	atler					
5. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO. 17				Address				
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(IF EITHER, NOTIFY	MEDICAL EXAMINER										
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	sed alive onJ.U.L	.y2)	1961, and th	nat death occi	ured LLV:	.:HW, from the	causes	and on	rne di		DATE
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22c. PAYSICIAN'S	TOCEDII II	का रिकार	DMAN TO MO II			2 77					
			RMAN LT MC U			al Hospi					
3e. SURIAL, CREMATI REMOVAL (Specify)	ON, 23b. DATE THER		23c. NAME OF CEMETER	Y OR CREMATO	RY	23d. LOCATIO	N (City, to	wn or coun	ty)	(S	tete)
Burial	July 28,	1961	Arlington	Nationa	1	Arling	ton			Va.	
4 FUNERA DIRICTO	IS MIGHAJURE	u sel	ADDRESS		25e. REC	D BY REGISTRAR	25b. RE	GISTRAR'S	SIGNA	TURE	
obert Pumpl	nrey Funera	1 Home	Bethesda,	Md.	DATE	2 8 '61	10	:l 0	2		
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission 1. PLACE OF DEATH a. COUNTY COUNTY District of Columbia Montgomery MARYLAND CINCE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) days Bethesda (Rural) Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital 5933 Suitland Rd., S.E. YES NO X 3. NAME OF Middla 4. DATE Month Yaar DECEASED (Typa or print) DEATH 61 19 JUNTINA. July Albert Raymond 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours 3-5-01 Male Caucasian WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad? Virginia Cab Driver USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena (Unknown) Clarence TRUITI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas give war or dates of sarvice) (W) Mrs. Verna B. Truitt, same as #2 above Yes 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava rise to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO [phers DESCRIBE HOW INJURY OCCUPED. (Entar neture of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) factory, straat, office bldg., atc.) While Not Whila Hour a.m. at work et work p.m. 21. I certify that XI (this hospital) attended the deceased from. June 13 19 OL that N) (we) last saw the deceased alive on. July 7 22e. SIGNATUR 22b. DATE ATTENDING 7-8-61 PHYS. DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) U. S. Naval Hospital, Bethesda, Md. William P. BAKER, LT, MC, USN 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) Virginia 7-11-61 Arlington National Arlington Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Circling & traces W. W. Chambers Co., 517 11th St. SE. WashDC 1111 1 1 '61

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funeral 24 hours after <u>م</u>ام TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Page 2 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the pages. I

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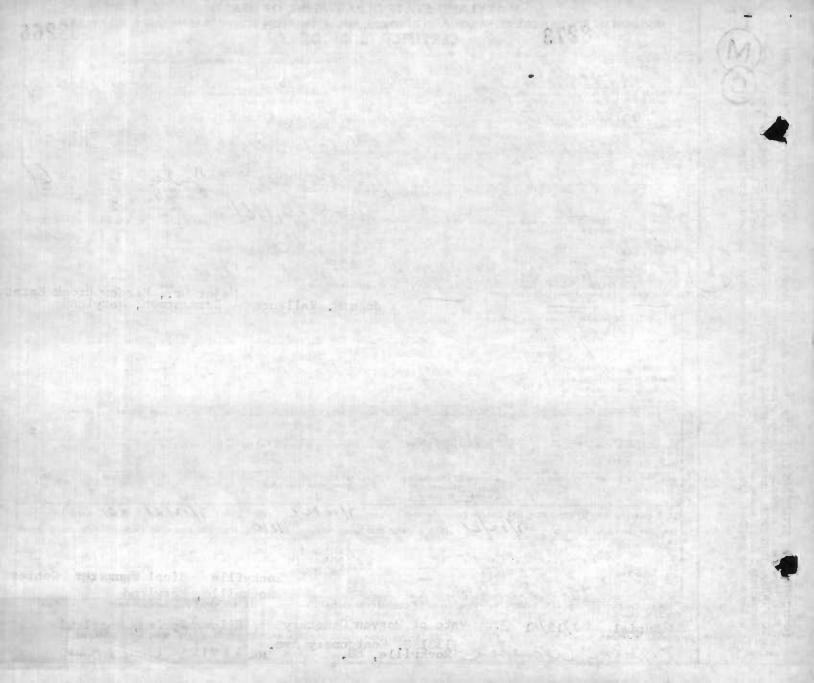
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8272

8272	CERTIFICATE	OF DEATH		08265
1. PLACE OF DEATH o. COUNTY MON + a men	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, If instituti b. COUNTY	on: Residence before edmission)
b. CITY OR TOWN (if outside congrete limits, write SURAL and pive neerest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in he	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi USS LIN d. STREET ADDRESS 2243-13	de corporete limits, write RURA gfon D. C.	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) 5. SEX 16. COLOR OR RACE TO ALBERT OF THE PRINT OF THE PRIN	Middle	TUCKER 4. E	PATE Month OF DEATH July	Pey Year 19 6
Female Col WIDOW		7 1905	last birthdey) Montl	
done dering most of working life, even if retired)	maid	South Ca	rolena 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FRANK FOS	ter	14. MOTHER'S MAIDEN NAME	in Foste	er
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or, unkown) (Ifyesgive werordeles of service) 18. CAUSE OF DEATH [Enter only one ceuse per	ER	west Faster (Bu	They Wood	interval between
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (a), steting the underlying cause lest. DUE TO (c)	neved Inta ita cranial pertensive Va	Henorhoge	essur c	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO	44			PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRINE HOW INJURY OCCURED.		Marie Brand	
20c. TIME OF INJURY Month, Day, Yeer 20d Whi et wo	leNot While facto	CE OF INJURY (Home, ferm, 20 ory, street, office bldg., etc.)	if. (City or town)	(County) (State)
21. I certify that (I) (this hospital) atters saw the deceased alive on	nded the deceased from	death occured at 2.3M		
22c. PHYSICIAN'S NAME (Type)	Okie M.	D. ATTENDING MED. DIRECT	OR PHYS.	7/8/6/ 22b. DATE SIGNED
230. BUBIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	DR CREMATORY 230	LOCATION (City, Town or o	ounty) (Stele)
24 FUNEBAL DIRECTOR'S SIGNATURE (Bacon)) ADDRESS 7	B Ch WOATE NOL 1	9 '61 25b. REGISTRA	R'S SIGNATURE 2. Think

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MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYL CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddre ON A FARMI YES NO NAME OF Middle DECEASED DEATH (Type or print) 5. SEX (In years / UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months WIDOWED DIVORCED requires that the death certificate physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY tate, or loreign country) done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Meadow Erook Estate (Yes, no, or unkown) | (Ifyes give we ror detes of service) John M. Vallance Germantown. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO , driceptolus Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10): 19. WAS AUTOPSY PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour am et work et work 21. | certify that (I) (this hospital), attended the deceased from 7/10/L/, 19..., to 7/12/L/, 19.6/, that (I) (we) last saw the deceased alive on... may b 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR M.D. 22c. PHYSICIAN'S Rockville Medical NAME (Type) Rockwille, Maryland 23e. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF REMOVAL (Specify) 0.4 Heaven Cemetery Silver Spring. Larvland 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Montgomery Ave. 15M 9/60 DATE Curina & France



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8274 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY Montgomery West Virginia the d MARYLAND death. by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) 46 days .5 7 Bethesda Martinsburg hours after Pa d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. YES NO DE Route 4. Box 108 completely NAME OF Month DECEASED OF (Type or print) DEATH Willia Walburn 1961 Rov July and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months DIVORCED October 24. Male White WIDOWED * 1885 physician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Real estate & insurance Agent West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending pue George P. Walburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Harriet Donaldson 16. SOCIAL SECURITY NO. 17. INFORMANTThe Medical Records (Yas, no, or unkown) | (Ifyes give war or dates of service) physician. The Clinical Center, Bethesda ll. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopnuemonia days IMMEDIATE CAUSE (e) Lymphosarcoma 3 years Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying cause last. the Ö hospital or certificate ! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? use as 0 NO prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH After this detached may be retained by DIRECTOR: After MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Stete) Month, Dey, Yeer 20f. (City or town) (County) factory, streat, office bldg., etc.) Hour a.m. While Not While et work af work to July 28 , 1961, that (we) last 21. I certify that K (this hospital) attended the deceased from June 12 8:00PM from the causes and on the date stated above. saw the deceased alive on July 22b. DATE 22e. SIGNATURE ATTENDING SIGNED FUNERAL page 22c. PHYSICIAN'S 22 The Clinical Center, National Institutes Robert H. Levin, M.D. director, p of Health, Bethesda ll. Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Martinsburg, OH Rosedale Cemetery Buria 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 2Sa. D. SY REGISTRAR VR A15 (4) morning & Kraus 15M 9/60 Martinsburg, W. Va. DATE

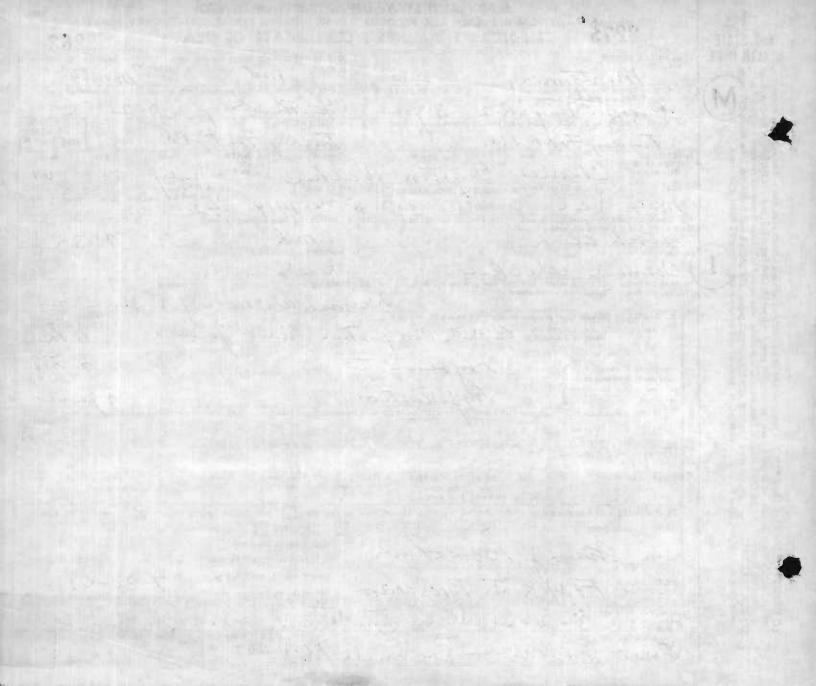
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RYLAND STATE DEPARTMENT OF HEALTH

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give negrest town) write RURAL and give paerest town) d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give stress address) d. STREET ADDRESS a. IS RESIDENCE ò Boar ON A FARM? and 3 to the funeral YES NO P retained State NAME OF Middle DATE Month Day Year DECEASED OF (Typa or print) DEATH 1961 30 with AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED AEVER MARRIED Lest birthday Months Devs Hours age 5 ma and 2 v 72 hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during, most of working life, even if retired) Pages 1, pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) pencil DUE TO Office burial Conditions, if any, geva rise to immediata cause (C) DUE TO (e), steting the undarlying Se Examiner pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTR TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be cremat NO plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or Jown) (County) the Chie (State) Not While factory, street, office bldg., etc.) While et work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion MEDICAL death resulted from: Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county ease 22a, BURIAL, CREMATION. | 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (City_10wn, or country) (State) -REMOVAL (Specify) ₽40 p OH 246 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR | VS. A15ME wining & Kings 5M 9/60



er death, Page 4 in by the funeral directar, and 2 shauld be filed with TO HOSPITA MIENTANDER OF A PROPERTY OF THE ACTION OF A PROPERTY OF THE ACTION OF A PROPERTY OF THE ALDIRECTOR. After this certificate has been signed by the attending physician and campletely filled TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled to FUNERAL DIRECTOR. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wish after death. page 3 shauld be detached far use as the burial-transit permit. the State Board of Health priar ta burial, crematian, ar remaval,

TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

a. COUNTY Montgom	ery	MARYLAND	o. STATE Maryland	b. (Montemery	before definishen,
	(If autside carporote limits, write learest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote limits	write RURAL and giv	ve nearest town)
	TAL (If not in haspital, give street Brooks Rd		d. STREET ADDRESS Brooke Re	oad.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Willia	Middle W	ashinatan	4. DATE OF DEATH	Manth 2	Day Year
5. SEX ma le	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH Aug. 1 1888	9. AGE (AL AL	YEAR IF UNDER 24 HR Days Haurs Min.
10a. USUAL OCCUPATI during most of war Labo)	ON (Give kind af wark dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. 8IRTHPLACE (State			SA.
13. FATHER'S NAME	Hilliary Was	shington	14. MOTHER'S MAIDEN	Thomas		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	SOCIAL SECURITY NO. 17.	FORMANT	Washington	Address item 2	
Candifians, if a gave rise ta cause (a), stating lying cause last. PART II. OT OR CONTRIBUTION (IF EITHER, NOTIF)	immediate the under but to complete the under but to complete the under but to the under bu		NOT RELATED TO THE TERM		TION GIVEN IN PART	1(a) 19. WAS AUTOPS PERFORMED? YES NO
-	G CAUSE OF DEATH	Nat while fac	D. (Enter nature af injury in ACE OF INJURY (Hame, for ctary, street, office bldg., e	rm, 20f. (City ar tawn)		sunty) (State
	at (I) (this hospital) atten	ded the deceosed from	death occurred at ATTENDING	MED. STAFF	uses and on the	that (I) (we) lo date stoted above 22b. DATE SIGNE
23a. 8URIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THEREOF 7/26/61	Sandy Sprin		23d. LOTATION (Cit	Spring	(State)
24. FUNERAL DIRECTO	s Signature Luwde	ADDRESS Rockville,			Orthur & H	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY MONTGOTTER b. COUNTY MARYLAND b. CITY OR TOWN (if c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outsida corporata limits, writa RURAL and giva nearest town) p an Washington D C d. NAME OF HOSE IS RESIDENCE rs. Pag ON A FARM completely NAME OF DECEASED OF (Typa or print) DEATH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and tast birthday) Months Deys Hours WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working tifa, even if ratirad) At Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death attending Then please Sarah? Louis Lipman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT KECOROS (Yas, no, or unkown) | (Ifyesgivawarordates of service) ian. 18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH II. Hemorrage wodenal Vleer PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to Immadiata causa DUE TO (a), stating the undarlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? as of NO F prior CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, offica bldg., atc.) While Not While Hour a.m. at work at work p.m DIRECTO plnods saw the deceased alive on..... 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR death. Page 4 HOSPITAL page with t 22c. PHYSICIAN 22d. ADDRESS filed , Rosedale, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Beth Hamedrosh Hagodol 0: 0 H 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE JUL 2 7 '61 15M 9/60 Sol. Levinson & Bros. Inc. 6010 Reist Road Circhery S. Thous

FOUTGODERN WAS TO DETEND TAKEMI EC COMP HEATER STEEL WASHINGTON SHEATERING TO SEED THEOTHER LEGISLES 1500 to 300 31 1 25 90 070 Houselfe A Fina A Color A HUS DECERTO CLI Hamoring as Diesdenal Wheev Hart Carlot of the same of the ROBERT REPORTER 12 10 3 1 2 11 ST LEST 12 TO THE TOP

in by the funeral directar, and 2 shauld be filed with may be retwined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

ofter death. Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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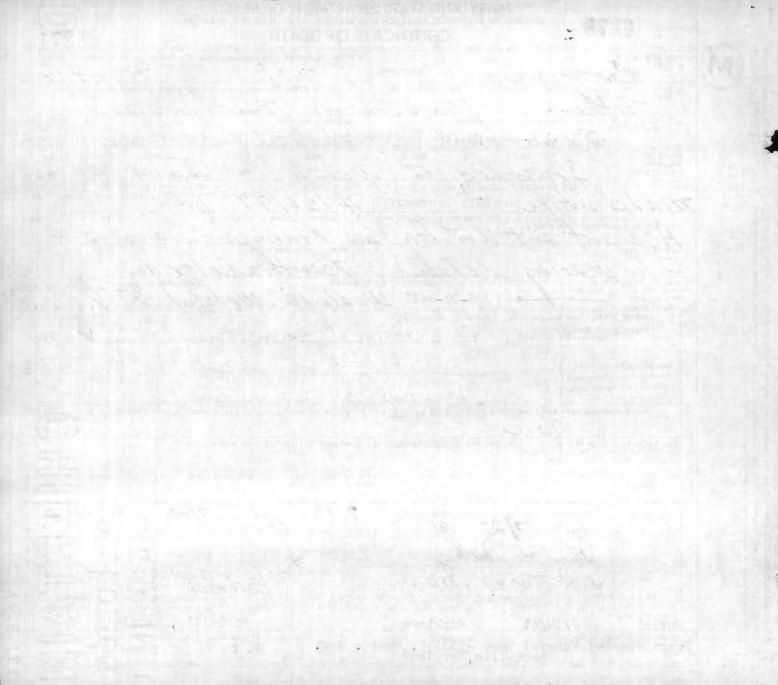
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08271

1	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	٥	COUNTY Montgomeral MARYLAND	b. COUNTY Mont. Co.
	Ь	. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits/write RURAL and give nearest town)
		RURAL and give nearest flown)	15min. 13ethe 3 d. 3- SO
	-	I. NAME OF HOSPITAL (If not in haspital, give street gadress)	d. STREET ADDRESS / e. IS RESIDENCE
6	1	OR INSTITUTION	8/01/0-1. Zen. 12.5to J.T., NOS
1	2 1	VAME OF / First / Middle	10014 Navierday 11 - 2
	1	NAME OF First Middle DECEASED Type or print)	Welst Day Year OF DEATH July 20 1961
	S. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	7	Ma Le White WIDOWED DIVORCED	4/23/97 last birthdey) Months Days Hours Min.
	100.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Hadrust ant 11. J. Hirt	mon Tenner luzuria U.J. A.
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		John 111 05/01 11/0/2/	Bouth , Mitterday
1	15.		INFORMANT, SOMPLANDERS 015 No. 2-11
1	(Yes	no, or unknown) (If yes, give wor or diffes of service) 205-09-4685	Ups/24/11/ 11/2/5/ 1/25-1/2/2/11/11
		TO CANCE OF DEATH (February and and are line for (a) (b) and (a)]	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (o)	and Mysel & May 1
		4201 DUE TO	10 10 11 6 21
		Conditions, if any, which gave rise to immediate (b)	the surlesse left ciscunfox & stays
		cause (a), stating the under-	coste las socials years
		lying cause last. (c) orenery	- Constitution
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	S	None	YES NO NO
1	RTIF	20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING [] CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Port II of item 18.)
	CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICA	Haur o. m. While Not while at work at work	octory, street, office bldg., etc.)
	~		7/13 196/ to 7/20 196/ that (1) (was) last
		21. I certify that (I) (this haspital) attended the deceased from	17 (17)
		saw the deceased alive an 190, and that	death accurred at SET. M, from the causes and an the date stated above. 22b.DATE
		John H. Thiopie	ATTENDING MED STAFF SIGNED
		22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 7
		NAME (Type) J. H. TUOHY, MD.	BETHESDA 14. MD
	-		Derijesom i i jita i
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
		Burial 7/24/61 Parklawn	Rockville, Maryland
•		FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Mon	tg. Ave. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		Packwille Maryland	DATE SUL A T VI

VR A1S (4) 1SM 9/59

TO HOSPIT



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara decaasad fivad, If institution: Rasidence balora admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva nearest town) Wheaton Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE apers. Pag 72 hours ON A FARM? Wheaton Nursing Home 1540 YES NO Y Capitol 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) DEATH 1961 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR . MARRIED NEVER MARRIED last birthday) Months | WIDOWED W DIVORCED 84 Female yrs. 10a. USUAL OCCUPATION (Giva kind of work BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Washington D. C. USA 13. FATHER'S NAME s attending pl Then please oval, and in a 14. MOTHER'S MAIDEN NAME George Barker Harriett Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Daughter Address Washington DC (Yas, no, or unkown) | (Ifyesgivawarordatesofsarvice) Jocelyn St. N. W. Ricker-3710 None 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave risa to immadiata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO L 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) factory, straat, offica bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 2/9..... 1961, to..... 19.6/, that (I) (we) last 18 19.61, and that death occured at 11,5 M, from the causes and on the date stated above. saw the deceased larive on 22a. SIGNATURE 22by. DATE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 京る Glenwood Cemetery Washington 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Maryland 2012 Robert A. Pumphrey arthur S. Three 15M 9/60

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ATTENDING be retained by

DIRECTOR:

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

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Then please remove carbon papers. Pages 1 and 2 should be filed with the funeral directar ifter death. Page may be reharded by the haspital or othending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, ar removal, and in ony event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITA VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8280

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a. COUNTY Montgon	nerv		MARYLAND	a. STAT		ere deceased	lived. If institut b. COUNTY	77 1	ce befare ad	missian)
	(If autside corporate lim nearest tawn)	its, write c.	LENGTH OF STAY IN 16	c. CITY			ate limits, write			tawn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, o		dress)	d. STRE	et Address		rkway		. 0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	PAU		Middle HOREND		Last BER	4. DATE OF DEATH	Jul:		Day	Year 19 61
5. SEX Male	6. COLOR OR RACE White	WIDOWED			ecember	1935	9. AGE (In years last birthday) 25 yrs	Manths	1 YEAR IF U Days Ha	NDER 24 HRS. urs Min.
10a. USUAL OCCUPA during mast af we Student	arking life, even if retired	dane 10b. KIN	None	USTRY 11. BIR	THPLACE (State of New Y		untry)	12. CITI	USA.	AT COUNTRY?
13. FATHER'S NAME Edward	Wilber				ier's maiden n rgia Hor			25-11		
15. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give wor or dates of	pervice)	1.9 1.697	informant ne Clin			Record Add		Marvla	nd
PART I. D	immediate Dus To	Resp Neu:	or (0), (b), ond (c).] Diratory Fai roblastoma	lure					ONSET A	L BETWEEN ND DEATH OURS
20a. ACCIDENT V	t. (c	i)IDITIONS <u>CON</u>	SE HOW INJURY OCCURI					VEN IN PAR	PE	AS AUTOPSY RFORMED?
Y 20c. TIME OF INJU Haur a. m p. m	URY Manth, Day, Ye	ar 20d. INJU While at wark	Nat while_		IRY (Hame, farm, affice bldg., etc.		ar tawn)	(0	Caunty)	(State
	chard E.	Tyre	the deceased from 19.61, and that sellact. TLBACH, M.D	M.D. ATTEN PHYS. 22d. A	DDRESS The	FECTOR C		ter.	7-1	22b. DATE SIGNED 3-61
23a. BURIAL, CREMAT REMOVAL (Specif Burial	7/6/61		3c. NAME OF CEMETERY Parklawn C	OR CREMATO	RY	23d. LOCAT	ION (City, tawn, ville,	ar caunty)	(State)
24. FUNERAL DIRECTO	A. Pumphr	ey B	ADDRESS ethesda, M	arylar		BY REGISTI		ISTRAR'S SIC		

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funeral hours after

death. Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL

ALTENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event with the State Dept. of Health prior to burial, cremation, or removal, and in any event with the State Dept. of Health prior to burial, cremation, or removal, and in any event with the State Dept. of Health prior to burial, cremation, or removal, and in any event with the State Dept. of Health prior to burial, crematically and the state Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, If instit	ution: Rasidence balora admission)
Montgomery	MARYLAND	Maryland	Montgom	ery
 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utsida corporeta limits, writa RUI	RAL and give neerest town)
Bethesda (Rural)	4 hrs	Silver Spri	ng	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
U. S. Naval Hospital		3703 Weller		YES NO X
3. NAME OF First DECEASED	Middle	Lest 4	. DATE Month	Dey Yeer
(Typa or print) David	Smyth	WILLETT	DEATH July	6 19 61
S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED X 8	. DATE OF BIRTH	9. AGE (In years IF U	
Male Caucasian WIDOWE	D DIVORCED	7-5-61	yrs. Mo	nths Deys Hours Min.
10b. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& State, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Leo Vincent WILLETT		Dorothy Fran	ces SULLIVAN	
	SOCIAL SECURITY NO. 17. I	NFORMANT	Addrass	
(Yes, no, or unkown) (If yas give war or dates of service)	None (F) Dr. T. V. W	llett, same as	#2 ahove
18. CAUSE OF DEATH [Enter only one cause par l		/ DI . II. V . II.	.aacoog bounc ob	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	alines m.	mbrane D.	100	ONSET AND DEATH
MMEDIATE CAUSE (a) HM	aline Me	morare a	mane	
5 DUE TO	Prematu	. 4		
Conditions, if any, which (b)	remalle	ruly		
gava risa to immadiata cause (a), stating the underlying DUE TO				
causa last. (c)		V		
	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
V.				YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in Par	t I or Part II of itam 18.)	
	INJURY OCCURRED 2Da. PLA	CE OF INJURY (Homa, farm,	20f. (City or town)	(County) (Stata)
20c. TIME OF INJURY Month, Day, Yaar 20d. While the control of the	Not While fact	ory, straat, offica bldg., atc.)	2011 (611) 01 10111)	(0.0.0)
21. I certify that (this hospital) atten	ded the deceased from	July 5 19	61 to July 6	, 1961, that (X) (we) last
saw the deceased alive on July 6	10 61 and that	death occured at	M from the causes and	
22a. SIGNATURE	and mar	dean occurso ar	, 110111 1110 000000 0110	22b. DATE
La la Chal	011 A	ATTENDING MEI		7-6-61 SIGNED
22c. PHYSICIAN'S	M M	.D. PHYS. DIR	ECTOR PHYS. K	\-0-0T
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LCDR,MC, USN		val Hospital,	Bethesda, Md.
23a. 8URIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (Stata)
REMOVAL (Specify) Burial 7-21-61	Arlington Na	ational	Arlington	Virginia
24 FUNERAL DIFECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REGIST	
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Hone (F) Mr. L. V. Millett, Sare of Packet

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL end give neerest town) (Rural Washington Bethesda. d. STREET ADDRESS IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM YES NOX 3814 Yuma Street, U. S. Naval Hospital. DATE Yeer 3. NAME OF Month Middle OF DECEASED DEATH 25 19 61 (Type or print) Alice Marie Wilson July carbon it, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX lest birthdey) Months and Hours Female Caucasian WIDOWED X DIVORCED 12-19-84 12. CITIZEN OF WHAT COUNTRY? 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) California USA Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Baer Hermine Taubles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Warrington, Fla (Yes, no, or unkown) i (Ifyesgive weror detes of service) Richard H. Wilson, 428 S. Second St. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed the burial-transit the burial, cremation, DUE TO geve rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? certifical as of YES X NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work may be retent.
DIRECTOR: / et work 19 61 to July 25 19 61, that XX (we) last 21. I certify that 4) (this hospital) attended the deceased from July 19 19.61, and that death occurred attilizer, from the causes and on the date stated above. saw the deceased alive on July 25 22b. DATE 22e. SIGNATURE ATTENDING STAFF July 26. DIRECTOR PHYS. PHYS. M.D. eath. Page 4 22d. ADDRESS Vernon N. Houk, LCDR MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 80 Arlington National Fort Mever. Va. Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNEBAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 DATE !!!! 2 8 '61 Robert A. Pumphrey Funeral Home, Bethesda, Md. Orthur & Kons

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8283

CERTIFICATE OF DEATH

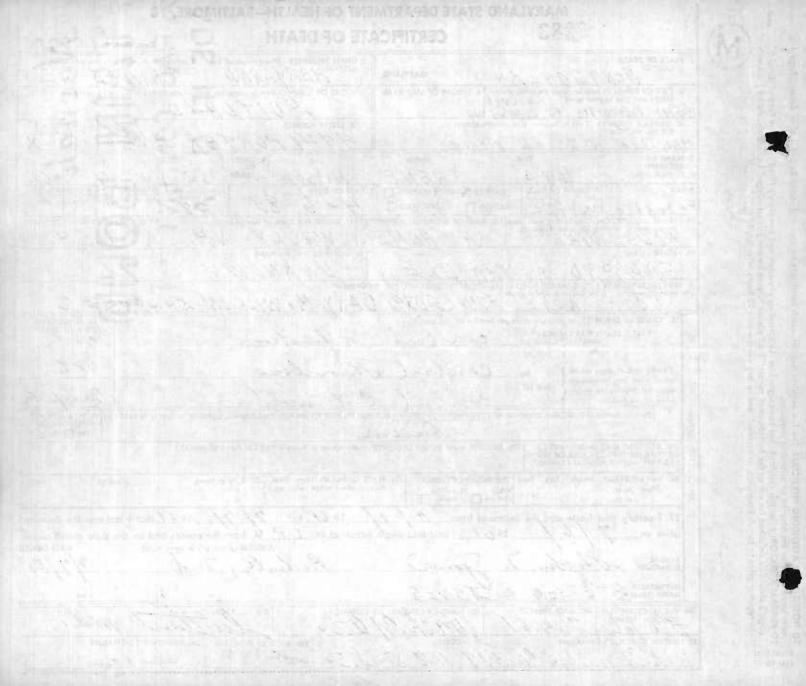
	OLK III 107	TE OF BEATH	Reg.	Dist. No. 18276
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARK IN A.	deceased lived. If institution: Resid	dence before admission)
RURAL and give nearest lown) SILVER	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURAL on	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	(didress)	d. STREET ADDRESS	ILAND	e. IS RESIDENCE
MARILEA NURSINE HO.	Me	4741 PO	RIER AV	E ON A FARM? YES NO NO
3. NAME OF DECEASED First DECEASED (Type or print)	Middle TDEUE	lost 4.	DATE Month OF DEATH	Day Year
LVF.	D NEVER MARRIED	B. DATE OF BIRTH	OURY	ER I YEAR IF UNDER 24 HRS.
FEMAL WhiTe WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KI		TRY 11. BIRTHPLACE (Stole or fo	78 yrs.	Doys Hours Min. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	AT HOME	WAVLY	VA,	U.S.A.
13. FATHER'S NAME	01/2/15	14. MOTHER'S MAIDEN NAM	E d 101 8/	
	OCIAL SECURITY NO. 17. IN	FORMANT VIVO	Address	•
(Yes, no. or unknows) (If yes, give way or date of service) 57	9-05-0391	SARY MIWI	LSON SAME	AS#Z
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (o), (b), and (c).]	0.11		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	erural	Miganition		71 hr
Conditions, if ony, which gave rise to immediate	entral o	thrombosi		45 tins
cause (a), stating the under- lying cause lost. DUE TO (c)	intral !	Centerwood	Prosis	milifate
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONDITIONS COLUMN CO	IBE HOW INJURY OCCURRED	. (Enter noture of injury in Port	I or Port II of item 18.)	YES NOW
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Month, Day, Year 20d. INJURY While of work [Not while foct	CE OF INJURY (Home, form, 2 lory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the deceased	fram 4/1/	1961, to 7	/_ 7/ . 19 6 / , that	I last saw the deceased
alive an	, and that death		A, fram the causes and an RESS (Street, city or lowp, stote)	the date stated above. DATE SIGNED
SIGNATURE A Fephin 2.	James .	A.D. Rochusk	&, md	7/7/21
PHYSICIAN'S GTEPHEN Ni	TONES			/ /
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY) 22d	LOCATION (City, 16 will as county	Million (Store)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OF	240. REC'D BY	1 0 /61	
Will Musupell to 31	1 1/15 81.	DATE DATE	arthur	& Tenus

TO HOSPITAL TO THE PASSITE OF THE HOSPITAL BIRECTOR: After this certificate has been signed by the attending physician and campletely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and page 3 shauld be detached for use as the burial-transit permit. TO HOSPITA VS A15 (4) 15M 10/57

after death: Page 4

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs

shauld be filed with



8284 CERTIFICATE OF DEATH director, iled with Itom 9 Film 0292 1. PLACE OF DEATH a. COUNTY o. STATE MARYLAND unerol b. CITY OR TOWN (If outside corporate limits, write MAGTH OF STAY IN 16 RURAL and give nearest town 0 Westlz d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION DATE NAME OF Last DECEASED DEATH Poges death. (Type or print) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED completely WIDOWED X DIVORCED [emale 0 popers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or fareign couptry) deting most of working life, even if retired) and pon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME uo within physicie IN U. S. ARMED FORCES? 17. INFORMANT WAS DECEASED EVER 16. SOCIAL SECURITY NO. ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y bra eve MMEDIATE CAUSE (6) **DUE TO** by Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stating the underlying cause last buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS cremation. hos 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m. While Not while ot work at work p. m 21. I certify that (1) this hospital attended the deceased from a KIN saw the deceased alive an of u DIRECTOR: 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. pe PHYS annoa M.D. plnou 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL I annes poge 3 sh the Stote 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify Rock Creek Cemetery 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admi b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 190 9. AGE (In years IF UNDER 1 YEAR AF UNDER 24 HRS lost birthday) Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH SO mINS WAS AUTOPSY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. PERFORMED? YES NO DA (Stote) (County) 1961, and that death accurred at 2 m, from the causes and an the date stated above. 22b. DATE SIGNED LOCATION (City, town, or county) (Stote) Washington, D. C. 25b. REGISTRAR'S SIGNATURE SONG DATE arthur & Henry

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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VR A1S (4) 15M 9/59

N. A. Topene Life a graduate Measure Xook 10/c/e

RYLAND STATE DEPARTMENT OF HEALTH

82	85	1011 01 3	CERTIF	ICAT	E OF DEATH	MORE 1, P	MARILAND		000	-
1. PLACE OF DEATH 0. COUNTY Montgome	ery		MARY		USUAL RESIDENCE (WE	nere deceased	lived. If institut b. COUNTY	on: Residence b	etore admis	ssion)
b. CITY OR TOWN	(If outside corporate limit	its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If o	utside carpo	rate limits, write F	RURAL and give	nearest tow	n)
Bethesds			22 days		Falls Church	ch			23)	X-
OR INSTITUTION	PITAL (If not in hospital, spical Center			Md.	d. STREET ADDRESS 6488 Glen	Carlyn	Road	Ya.	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii Vi o	let	Middle Rose		lost Wood	4. DATE OF DEATH	Mar Ju		Day 4	Year 19 61
S. SEX			ED NEVER MARRIE	D □ B.	DATE OF BIRTH		9. AGE (In years		AR IF UND	
Female	White	WIDOWE			eptember 4.	1924	last birthdoy) 36 yrs.	Manths Doy	ys Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work arking life, even if retired	done 10b. I	None	R INDUSTR	Y 11. BIRTHPLACE (Stote				U-S-A	
13. FATHER'S NAME	. •		110110	1	14. MOTHER'S MAIDEN N		Ter		00000	
Ellis Br	anham				Mary Allen					
Canditions, if gave rise to cause (a), statin lying cause las	g the <u>under-</u>	Hod	gkin's Dis	ease	OT RELATED TO THE TERM	INAL DISEASI	e condition gi	C	NTERVAL B	D DEATH
2	•	_			llus infect:					ORMED?
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour a. m p. m 21. certify th	not (I) (this hospital ased olive on 1)	ar 20d. IN White of wark	Not while of wark	20e. PLAC factor		61to	ar tawn) July 49 the causes of STAFF PHYS. Renter. N	7-4-61	thot (I) ote stotee 22	d above 2b. DATE SIGNED
23o. BURIAL, CREMAT REMOVAL (Specif	(v)	OF	23c. NAME OF CEME				ION (City, town,		(Sto	
Burial	7/7/61		Wallace	Mem.	Cemetery	Clin	tonsvil	le. W.	Vir	gini

24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

Bethesda, Maryland DATE JUL 6

250. REC'D BY REGISTRAR '61

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

VR A15 (4) 15M 9/S9

CALL P. L. The Clinton Content Comments III, MA. Halle Star Cortyn Food with. Magvaneur II. 18240 I Joh A feet market THE REAL PROPERTY. first -1-1912 The Orbital Century Temperate 11, largered

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parattent fancient Project factulfa off of Health, attached I., Parelund

curs 16, 61 chis h, (1)

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8286 CERTIFICATE OF DEATH Rea. Dist. No. director 2. USUAL RESIDENCE (Where deseased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RUPAL and give nearest tawn) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? YES NO 🗖 NAME OF 4. DATE OF Middle Year Last Day DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . DATE OF BIRTH WIDOWED T DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign caunitry) 12. CITIZEN OF WHAT COUNTRY? puo 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME physician co haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT attending p on please ren t within 72 h INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stoting the underlying cause last. ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO 7 certificate has 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, (Stote) Day, Year 20d. INJURY OCCURRED (Caunty) factory, street, affice bldg., etc.) Haur a. m. While Not while at wark ot wark 21. I certify that lattended the deceased fram that I last saw the deceased and that death accurred at M, from the causes and an the date stated above alive on DIRECTOR ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) FUNERAL 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY (State) Henrys Funeral Home Clinton, S 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Reckville, 24g. REC'D BY REGISTRAR arthur S. Krous VS A15 (4) DATE 15M 9/5B

requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

是14-14年二月 14-14年 - 1 Shirtel Wilde Sunys Faster tracks of the man, 2. C. W. M. Sandara and Sandara and

urs after death. Page 4

IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

8287

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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					- 17							
1	1. PLACE OF DEATH a. COUNTY			ALABYI AMP	n ST.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY						
1	MONTGOMERY			MARYLAND		MARYLAND MONTG				OMERY		
1				c. LENGTH OF STAY IN 18	c. Cl	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					n)	
1	OLNEY	5 DAYS		DAMASCUS								
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION				d. \$1	d. STREET ADDRESS e. IS RESIDE ON A FA				A FARM?		
1	MONTGOMERY GENERAL HOSPITAL				M	MOXLEY ROAD YES NOX					I NOX I	
	3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mon	th	Day	Year	
	(Type or print) ASBURY			ZEIGLER			DEATH	JUL	y 1	19 1961		
	5. SEX	6. COLOR OR RACE 7. MARR		RIED NEVER MARRIED	B. DATE C	B. DATE OF BIRTH		9. AGE (In years last birthday)	7	_	R IF UNDER 24 HRS. Hours Min.	
1	MALE	NEGRO	WIDOWI	ED DIVORCED	Ju	TV 10.	1911	50 yrs.	Manths Da	ys Hours	Min.	
	10a. USUAL OCCUPATIO	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	OUSTRY 11. I			country)	12. CITIZEN	OF WHAT	COUNTRY?	
	LABOI	Farm	MARYLAND					U. S.	Α.			
1	3. FATHER'S NAME				14. MO	THER'S MAIDEN						
	SAMUEL ZEIGLER					LAIGE	FPV					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
	(Yes. no. or unknown)	(If yes, give war or dates of t	ervice) 2	12-14-3413	to	seph Z	eigle	r. Dama	scus.	Md.		
F	1B. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), ond (c).	1 1		٨			NTERVAL B		
	PART 1. DEATH WAS CAUSED BY:				(She	mah	nha	Rel		INSETANI	DEATH	
	DUE TO									1 1000		
	Conditions, if ony, which) (b) He horton Sill Onhalid MANION Ills									411.		
gave rise to immediate) COSCU	(W)	NA.			
	couse (o), stoting the <u>under</u> DUE TO lying couse lost.							10	noxie	04	0	
-				CONTRIBUTING TO DEATH	UT NOT RELA	TEN TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART 1	1 19. WAS	AUTOPSY	
	PART II. OTH	111.2	~+	The William	11	11/00	115			PERF	ORMED?	
	T OO ACCIDENTAL	AS LINDERLYING T	20h DES	CRIBE HOW INJURY OCCUR	RED (Edter)	niur of uniury	n Part I or Pa	rt II of item 1B.)		1 123 [, no Ly	
5	OR CONTRIBUTING	CAUSE OF DEATH	140.000		Med. (emor.							
	Hour o. m. While Norwhile factory, street, office bldg., etc.)											
	2/10											
	21. I certify that (I) (this hospital) attended the deceased from 19.01, to 19.01 that (I) (we) last											
,	saw the deceased alive on 19-11, and that death occurred at 19-12 the causes and on the date stoted above 22a. SIGNATURE 22b. DATE											
											SIGNED	
	22c. PHYSICIAN'S											
	NAME (Type)	× 10,000 1	S MAG	5-10. H. D.		SANDY	SPRIN	G, MARYLA	ND	- 1		
		JOHN -		RTIN; M. D.								
	23a. BURIAL, CREMATIO REMOVAL (Specify)	- 1 1		23c. NAME OF CEMETERY		ORY	23d. LOCA	ATION (City, town,	or county)	(Sto	ote)	
	Burial	1//	61	Friendshi	p Met			mascus,	Md.	TURE		
	24. FUNERAL DIRECTOR	S SIGNATURE	****	Damascus Damascus	nea.		C'D BY REGIS	104	STRAR'S SIGN.			
1	Cem -	4. Wolde	ound	/V Duilla BCUS	, Paul	DATE	JUL 2 4		A.	, 0,00000		

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